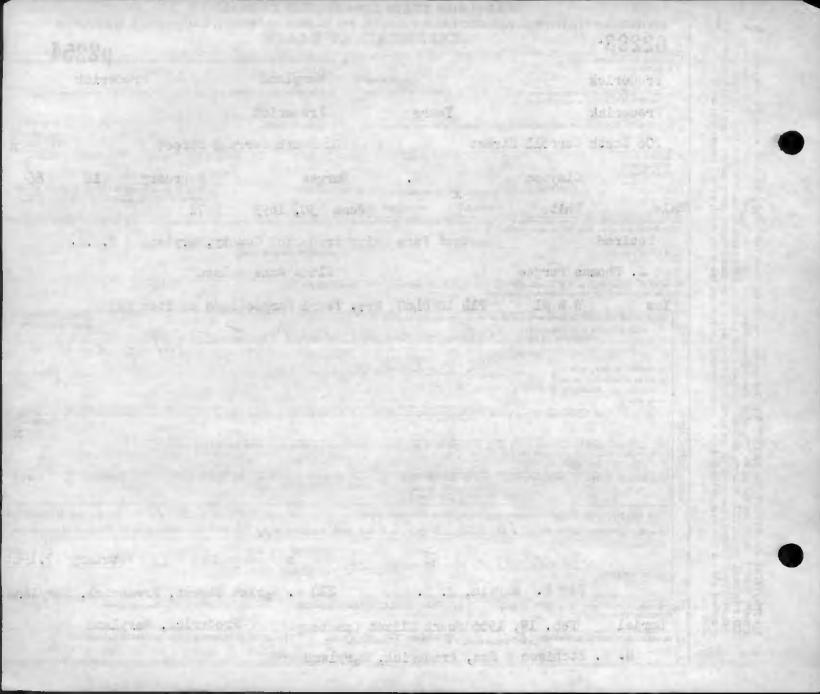
VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
02297	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	02253
DI ACE DE DESTU	11 2 HEHAI DECIDENCE (Whom decored if	ward of Institution' Residence before

1. PLACE OF DEATH 8. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Re o. STATE Maryland b. COUNTY Mont	sidence before admission) gomery
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporete limits, write RURAL	and give nearest town)
	RFD //-	7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Frederick Mem. Hospital	Clarksburg	YES ND
3. NAME DF First Middle BECEASED (Type or print) Virgie Estelle		Day Year 5 1966
5. SEX 6. CDLDR OR RAGE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 last birthdey) Months	YEAR IF UNDER 24 HRS.
Female White WIDDWED DIVORCED	July 15, 1893 72 yrs.	
1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
		UNTRY? USA
Housewife Own home	14. MDTHER'S MAIDEN NAME	-
	Fannie Hall	
Daniel Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
No None	Roby H. Brown, Item 2	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: TONG JMONIA	, RT. LUNG	24 HOURS
57// DUE TD		1001
	STRO ENTERITIE	4DAYS
gave rise to immediate		
cause (a), stating the put to underlying cause last. (c)		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
MYCKARDIAL INFARCTION AND ARTO		PERFORMED?
20a ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of Injury In Part I or Pert II of Item 18.)	
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLO 120e.	ACE OF INJURY (Home, farm, 2Df. (City or town) (Courtoy, street, office bidg., etc.)	nty) (State)
Hour e.m. While Not While p.m. 19 at work at work		
21. I certify that (i) (this hospital) attended the deceased from	1963 19 to FEB 25 , 196	6, that (I) (we) last
saw the deceased alive on FEB 25 1966, and tha	at death occurred at 9:20 M, from the causes and on the	ne date stated above.
22a. SIGNATURE	22b. D/	ATE SIGNED
19 meason M.	D. PHYS. MED. STAFF DIRECTOR PHYS.	8 25, 566
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) GILCIN FIMEADORS, MD	810 TOLL HOUSE AVE. FREDERI	ICK, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (Stete)
Burial Feb. 28,1966 Mt. Vi	ew Purdum, Md.	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
Olin L. Molesworth, Damascus, Md	· DATAR 1 1956 Actionly	es Judge
	TOWN TO THE TOWN TO THE TOWN T	# 0



certificate

death

requires that the

ATTENDING

HOSPITAL

1.5900 Fredering: Type renter Coursey Brose Atom builds sheat Neurice Maite ----788 (+0.5 , -59A) . The sales have the many of the sales appeared to the sales - 8.07.6 doiles .doi BUTLE THE COURT OF THE PARTY AND A TOP **** DEATER - TOTAL TILL The state of the s And wind the state of the state

VR A15 (4) 8 20M 5-63

MARIEAN SIAIE DEL ARIMENT AL HEALM
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02300	CERTIFICATE	OF DEATH		02256
PLACE OF DEATH		2. USUAL RESIDEN	CE (Whare deceased lived, If institut	ion: kesiderice before admission)
Frederick	MARYLAND	e. STATE Mary	b. COUNTY	rederick
b. CITY OR TOWN (if outside corporete fimits,	c. LENGTH OF STAY IN 16		f outside corporata limits, write RURA	
write RURAL and give neerest town) Rural Kemptown	6 une	Duma	1- Kemptown	10-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	o yrs	d. STREET ADDRESS	I- Kemptown	I e. IS RESIDENCE
		nen.	4 7 344	ON A FARM?
RFD # 1, Monrovia	Middle	Lest	# 1, Monrovia	Pey Year
DECEASED	Middle	6031	OF DEATH TO A	
Estelle		vis	reb.	2 19 66
S. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years If UN lest birthdey) Mont	
Female White WIDOW	DIVORCED _	Feb. 19, 18	84 81 yrs.	
IOs. USUAL OCCUPATION (Give kind of work 10b. K dona during most of working life, even it retired)	AND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country) 12	. CITIZEN OF WHAT COUNTRY
Housewife		Ellicott	City, Md.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN		
Fred Bollison		unk	nown	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	None Mr	s Harvey L.	Green. Item	2
18. CAUSE OF DEATH Enter only one cause per-		- / /	droom, room	I INTERVAL BETWEEN
PART J. DEATH WAS CAUSED BY:	260/200	Alexa M	4 1 4 2 17	ONSET AND DEATH
DE IMMEDIATE CAUSE (e)	1 morac	1	C)CS	- Care
DUE TO	no esten.	1 1	0	
Conditions, if any, which geve rise to immediate cause	77			
(a), steting the underlying DUE TO	11-1	To A. van	F	
cause lest. (c)	hilling.	JULLION		
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
7				YES NO
	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Dey, Year 20d. While Hour e.m. 19		CE OF INJURY (Home, fern		(County) (State)
Hour e.m. Whil	e Not While fec	tory, street, office bldg., etc.	3	
		10,-7	a July to	20/-/
21. I certify that (I) (this hospital) after				, 19(4.1) (we) last
saw the deceased alive on	19. Land that	death occurred at	M, from the causes and	
22e. SIGNATURE	12 V- 0	ATTENDING	AED STAFF	22b. DATE SIGNED
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	un oca		RECTOR PHYS.	2/2/66
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
C. M. VanP	oole, M.D.	Mt	. Airy, Md.	
38. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify) Burial Feb. 5, 1966	Prospect M	eth.	Nr. Mt. Airy	r. Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
Olin L. Wolsunth	Damascus.	Md. DAFR	7. 1966 gelian	eles Judge
and or to manner		I ALL D	1 13001	0

APPEN A and a second where exypunity, at his a Slape -- sliken ASSERT OF THE STREET OF THE STREET #EPENDED -out and a second of the and the set of the set Committee of the second of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any yeart, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02257

1.	PLACE OF DEAT a. COUNTY Fr	H ederick		MARYLA	ND	2. USUAL RESIDENCE a. STATE Mar		b. COUNTY F		
	b. CITY OR TOW write RURAL Frederic	VN (if outside corporal and give nearest tow ik	te limits, n)	c. LENCTH OF STAY IN	N 1b	c. CITY OR TOWN (If	outside corporate	ilmits, write RUR	AL and give ne	arest town)
	d. NAME OF HO	SPITAL OR INSTITUTIO	IN (If not in h	ospital, give street add	ress)	d. STREET ADDRESS				RESIDENCE A FARM?
_	Wynelle	Nursing Hom	e			810 North	Market	Street	YES	No K
3.	NAME OF DECEASED (Type or print)	R	rst	Middle BELLE	EA	TON Last	4. DATE DF DEATH	Month Februar	Day 17,	Year 19 66
	sex emale	6. COLOR OR RACE	7. MARRIED WIDOWED	Description in	_	DATE OF BIRTH 29 Nov 1885	loce	(In years IFUNDE birthday) Months	R 1 YEAR IF UI Days Ho	Urs Min.
10a dui	n. USUAL OCCUPA ing most of work House	TION (Give kind of work king life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY M HOME		11. BIRTHPLACE (Co			CITIZEN OF W	TAH
13	FATHER'S NAM	1E			Ī	14. MOTHER'S MAID	EN NAME	- 1		
	Charles	E. Graham				Alice J.	Ecker			
15 (Y	. WAS DECEASED is, no, or unkown) NO	EVER IN U.S. ARMED FO (If yes give war or dates o	f terrice)	SDCIAL SECURITYNO.		nformant arles R. Ea	ton, Dove	Address r, Delawa	re	
				line for (a), (b), and (c).]]					BETWEEN ND DEATH
	PART 1. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE		remca					mon	uth
	Conditions, If	any, which)	to he	blusseler	AZ	in			3.year	<u>ئ</u>
	gave rise to cause (a), s underlying caus	tating the DUE							0	
CERTIFICATION	PART 11. OTHER	SICNIFICANTCONDITIO		UTING TO DEATH BUT NOT	TRELAT	ED TO THE TERMINAL D	ISEASE CONDITIO	N CIVEN IN PART 1(S AUTOPSY FORMED?
CERTIF	20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DEADERS OF DEADERS MEDICAL EXAMINATION OF THE PROPERTY OF THE P	TH NER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in Part I o	or Part II of Item 1	18.)	
MEDICAL	Hour a.	INJURY Month, Day, m. m. 19	Year 20d. While at wor	Not While	factor	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (City tc.)	or town) (C	ounty)	(State)
		fy that (I) (this hosp	oital) attend	led the deceased from		death occurred at	9.66. to 6 M, from th	e causes and on	66, that (
	22a SIGNATU	months	Tho	mao	M.D.	ATTENDING PHYS.	MED. S		Feb 19	
	22c. PHYSICI NAME (I	ype) James B.	Thoma	as, M. D.		22d. ADDRESS 228 N. Ma:	rket St.,	Frederic	k, Md.	21791
23	BURIAL CREM REMOVAL (SP BUTIAL	MATION, 23b. DATE 2/20	/1966	Mount Hope		netery	Woodsbo	oro, Maryl	and	(State)
24	M. R. I		Son, Fr	ndoness Md	. 2:		2 1 196	25b. REGISTRA	les Jud	

VR AI5 (4) 20M 1/65

desu Crest 0 Tracking Town 1. 14-1 the transfer of the second A STATE OF THE STA THAT ARE IS TO . It produces the same and the in a L mollo Contract to success of success of the colon graphs for a track of the second s A CONTRACTOR STATE the second secon

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please free carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. lours after math. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dentil certificate be examined within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00200 CERTIFICATE OF DEATH MOREU

	UAUUG	OLIVIIIIOAII	L OI DEATH		16/200
	PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, If institution:	: Residence before admission)
	a. COUNTY REDERICK		a. STATE MT	b. COUNTY	KROCL 1
_		MARYLAND	10.	- CANA	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (IF O	outside corporate limits, write RUR	AL and give nearest town)
	PREDERICK	2 DAYS	MITH	124	
	d. NAME OF HOSPITAL OR INSTITUTION (If not In h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	REDERICK MEMORIAL	. /	ROUTE #4-	OLDANNAPELIS 1.	ON A FARM?
K	REDERICK MENTERINE	10077777	MOUTE 1	OLD // / LOID	YES NO
3.	NAME OF PIRST	Middle	Last	4. OATE Month	Oay Year
	(Type or print) PA PLA	JOHN. 1	Fichter	OF DEATH	17 1966
5.	SEX 6. COLOR OR RACE 7 MAPPIED	NEVER MARRIEO	B. DATE OF BIRTH	9. AGE (In years IFUND	FR 1 VEAR IE UNDER 24 HRS.
	10		SERT 24/18	963 last birthday) Months	s Cays Hours Min.
	/V/ WIOOWEO	OIVORCEO	12/1 /1/10	67 yrs.	2.51=
	USUAL DCCUPATION (Give kind of work done 10b. King most of working life, even H retired) 1 1 1 1 1 1 1 1 1	INO OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (COU	unty & State, or foreign country) 12,	CITIZEN OF WHAT
	LAWYER (KETIRED) SEI	F-EMACYED	INDI.	ANA	U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIOE	N NAME	
	JOHN M. FICHTE	-0	MAMIC	- SNELL	
_	0 11 11 11 11 11 11	K.	/ - / - / -		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	.1 11 11
	703 WW I 51	79-50-9915 ft	IDREY C F	10/17ER-KT. 4-	MIMRY TO
	18. CAUSE OF DEATH [Enter only one cause per I	Ine for (a), (b), and (c),]			INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:	-0-0	. /		ONSET AND GEATH
	IMMEDIATE GAUSE (a)	record in	monde	70-	4 8 1000
	443X OUE TO //	-	0 0		77.
1	Conditions, if any, which	he Cersin	2 Cardior	ascular Orsales	e : far
	gave rise to immediate (
	carso (a), staring the				
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OF	SEASE CONDITION GIVEN IN PART 10	a) 19. WAS AUTOPSY
CAT					PERFORMED
15					YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of	injury in Part I or Part II of Item	18.)
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
긓	20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e, PLA	CE OF INJURY (Home, far	m, 20f. (City or town) (C	County) (State)
MEDICAL	Hour a.m. While	facto	ry, street, office bldg., et	c.)	
M	p.m. 19 at wor				
	21. I certify that (i) (this hospital) attend	ed the deceased from/_		,	66, that (1) (we) last
1	saw the deceased alive on 17 Fe	6 19 66, and that	t death occurred at 3	300 M, from the causes and or	the date stated above.
	22a. SIGNATURE	1		22b.	DATE SIGNED
	Henry V. (1	en M.D		MED. STAFF PHYS. /7	Frh 66
	22c. PHYSICIAN'S 4 1	01	22d. AOORESS		7.1
	NAME (Type) Henry V. C	hase	4 E. Chu	rch St Frede	rick Not
02	BURIAL CREMATION 23b. DATE THEREOF	1 23c. NAME OF CEMETERY			county) (State)
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	AND I LASS-TO	/ NAT/	ARI INKTON	1 1/4
	DOKING JAJI	1/1/2/100/00	////	7/12/10000	1010 0101171105
24	FUNERAL OIRECTOR	AOORESS	25a. REC	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
6	U.W. WITHINGERS LNC	TILVERZERI	OATE L	123 1958 1 400	ely judge

VR A15 (4) 15M 4-64



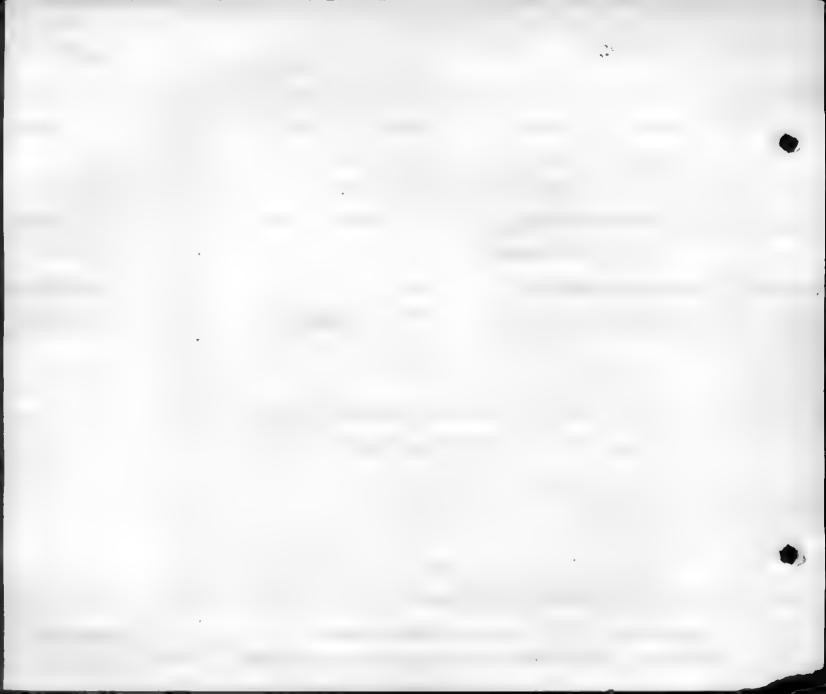
FOR STATE HEALTR DEPT. IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filtering TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Heelth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1956

02303	MEDICA	L EXAMINER	S CERTIFICA	TE OF DEA	ATH ()	2250	
1. PLACE OF DEATH •. COUNTY Frederi	ck	Maryland	e. STATE Mary		COLUMN	derick	
b. CITY OR TOWN (if outside compression of the separation of the s	orporete limits, est town)	e. LENGTH OF STAY IN 16	E. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and	give neerest tov	vn)
d. NAME OF HOSPITAL OR IN:			d. STREET ADDRESS Same			ON	A FARM?
3. NAME OF DECEASED (Type or print)	LLIÄM	RICHARD F	ITZGERALD	4. DATE OP DEATH	Month	Dey Yea	66
5. six Male 6. coro	e or race 7. Marrii		S. INTE TOTT 1900	9. AGE (I last bir	n years IF UNDER 1 1 thday) Months D	YEAR IF UNDER	Min.
too. USUAL OCCUPATION (Give done during most of working life,	even if retired) B	TIND OF BUSINESS OR INDUST	Californ	or foreign sountry)	U.S	A.	COUNTRY
unknown)	Fitzgera	nector ild	14. MOTHER'S MAIDEN	ormley			
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (Ifyesgivewn	ARMED FORCES? 16.	50 CIAL SECURITY NO. 17.	P. Corhelis	on Walnu	dd Treek,	Calif	orni
PART I. DEATH WAS CA	USED BY:	oronary Occ	lusion			INTERVAL BES	
Conditions, it eny, which gave rise to immediate cause (e), stating the underlying cause feet.	(b) Ar	terosclerot	ic Heart Di	sease			
PART II. OTHER SIGNIFICATION OF THE PRIMARY OF THE	ANT CONDITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CONDITI	ON GIVEN IN PART	PERFC	NO 1
		RIBE HOW INJURY OCCURRED), (Enter nature of Injury in Po	ert I or Pert II of (tem 1)	B.)		
Hour a.m.	19 al wo	Not While	ACE OF INJURY [Home, farm clory, street, office bldg., etc.		(Coun	lA)	(Stete)
21. I certify that I took death resulted from:	charge of the ren Natural causes		cide . Homicide CHIEF MEDICAL E		ned manner	and in my o	pinion
ACTUAL SIGNATURE 15	Thor	nas-		CAL EXAMINER	07/100	DATE SIG	INED
EXAMINER'S NAME (Type) 22b. BURIAL, CREMATION, 22b.	O. Harr	22c. NAME OF CEMETERY	Address (Street, c	ily, town, or county)	Tell-2-1	1966 CO (SHI	le)
REMOVAL (Specify) Birial 2- 23) FUNERAL DIRECTOR	4-66 st	Charles	Cemeter M. REC	Tor - A	almen s	SHATURE A	th)
Frata THAIRAD	1. Non-	Mr		- אין מעדי		Men Joan	to ke

VR A1SME 5M 1/63



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after by the funera and 2-strough death. 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY Frederick B. STATE b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ል 24 TW ta RURAL and give neerest town) ·= = after Thurmont Pages within d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? Own Home Walnut St. YES NO X completely paper 3. NAME OF First Yen 72 DATE Middle Month Dev DECEASED OF MAY T.TNNTE FOGLE (Type or print) DEATH February 66 carbon 连秦 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR (yebhthidey) and Days Female 1880 White 16. April WIDOWED TA certificate DIVORCED [physician remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Maryland USA please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Lewis Keefer Margaret Freeze 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, wo or unknwn) (If yes give wer or detes of service) Margaret Fogle 15 Walnut St. Thurmon permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ۵ ONSET AND DEATH signed | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO guipue Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the couse last. (c) PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 항 CERTIFICATION PERFORMED? use prior YES NO M 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I of Pert II of item 18.) detached for t, of Health OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) may be retained DIRECTOR: Af factory, street, office bldg., etc.) While Not While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from: 19 ., 19....., that 🕩 (we) last shoul ...M. from the causes and on the date stated above.19......, and that death occurred saw the deceased alive on... 22e. SIGNA SIGNED ATTENDING death. Page 4 page with H PHYS. PHYS. DIRECTOR HOSPITA 22c PHYSICIAN'S 22d. ADDRESS filed v NAME (Type George Merningstar Emmitsburg 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, lown or county) (Stefe) 23e. BURIAL, CREMATION, の音器 BREMOWAL (Specify) Thurmont United Brethren Cem. Fred. Co. Md. ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Thurmont, Md. VR A1S (4) 20M S-63



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ACDE 1 MARYLAND
	CERTIFICATE OF DEATH	02261
1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased live	d, If institution: Residence before edmission
	* STATE MARYLAND "STATE Maryland b. C	_ Frederick _
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	write RURAL and give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streat andress) d. STREET ADDRESS d. STREET ADDRESS	IS RESIDEN ON A FARM
	3. NAME OF FIRST Middle Last A DATE	YES NO
	(Type or print) MINNIE SOPHIA GFISINGER DEATH F	North Dey Year 19 66 19 19 66 19 19 19 19 19 19 19 19 19 19 19 19 19 1
	F W WIDOWED DIVORCED 75 V	ley) Months Days Hours Min.
	From State Like Co. Manual State Co. Manual State Co. Manual Co. M	12. CITIZEN OF WHAT COUNTY
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME	A
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	dress
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Consuling heart failure	ONSET AND DEATH
	Conditions, if only, which) (b) Ityputersure & arteurscherote	
	geve rise to immediate ceuse (a), stating the underlying DUE TO	t -
	ceuse lest. (c)	16 mkin
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	FERFORMED
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18 of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTITY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, streat, office bldg., etc.)	(County) (Stele)
	3/16	
	saw the deceased alive on	
	220. SIGNATURE M.D. PHYS. W DIRECTOR PHYS.	226. DAT
	22c. PHYSICIAN'S PAINES E. STONER) 22d. ADDRESS INAME (Type) PAINES E. STONER) 11/4 CICERSULA	CIE PON
	236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cin	y, town or obunty) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. BEC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	4 C. Bartas Was Ollows 2002 Tred JEB 2.4 1958	y cuarles Judge



VR A15 (4) 15M 4-64

ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

(State)

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) h. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rura e. IS RESIDENCE

YES Y NO L Month Day Year FUNDER 24 HRS AGE (In years | IF UNDER 1 YEAR last birthday) Months

Hours Days 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY?

IISA

Bridge Maryland

WK

19. WAS AUTOPSY PERFORMED? NO [YES

(County)

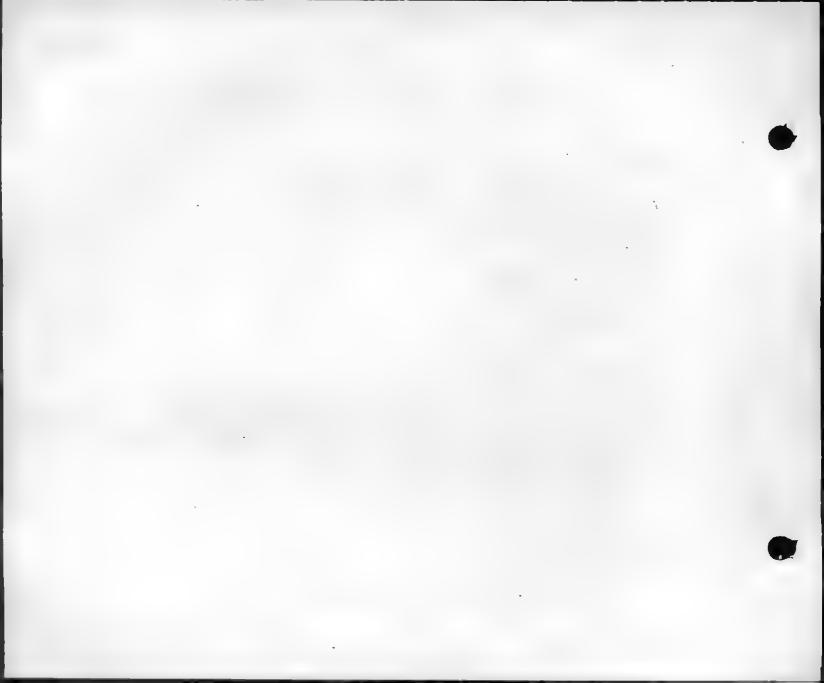
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or part II of Item 18.)

DATE SIGNED

LOCATION (City, town or county) (State)

EB 2.1 1966 REGISTRAR'S SIGNATURE

1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Frederick Marvland Frederick MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) 5- 5 Frederick Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give strael eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Frederick Memorial Hospital completely carbon papers. YES NO F Linden Hills 3. NAME OF First 4. DATE Yner Month Dav DECEASED (Type or print) JAMES H. GOODMAN DEATH February 26-1966 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In yours | IF JNDER 1 YEAR IF UNDER 24 HRS. ъ last birthday) Male White June 2- 1905 WIDOWED [DIVORCED F physician 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Electronic Shop Owner Frederick- Md. U.S.A. please .⊑ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Monroe Goodman Mary Estelle Hoke Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) i (If yes give wer or detes of service Mrs. Eliz. Goodman-(Same as item #2) permit. ρ́. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ò ONSET AND DEATH signed PART I, DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit altending **DUE TO** the Cardia Vescular Conditions, if any, which gave rise to immediate cause has **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 8 0 CERTIFICATION PERFORMED? pilior use NO TO R: After this ce detached for u 204 ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ||eaith OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED + 20e, PLACE OF INJURY (Home, form, ! 20f. (City or town) (County) (Stete) ŏ factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR el work et work D.m 9 21. | certify that (I) (this hospital) attended the deceased from 2/20 1965, to 12/3/ (we) last D shoul 26 1966, and that death occurred at 0 P.M. from the causes and on the date stated above. saw the deceased alive on .. V. 226 DATE 22a SIGNATURE 28-1966 SIGNED ATTENDING MED. STAFF rector, page filed with the Feb. FUNERAL, PHYS. X DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. A.A. Pearre 4 E. Church St.-Frederick-Md. 2170] 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (State) कृ कु REMOVAL (Specify) Mt. Olivet Cemeterv Frederick- Md. 21701 24 FUNERAL DIRECTOR'S SIGNATURE About W ADDRESS Fidely 250 BEC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE M.R.Etchison & Son- Frederick, Md. 21701 VR AIS (4D) 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH SKould Syould PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'vad, If institutions Residence before admission) Frederick b. convederick May Vland by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ò 24 Wa White RUPAL and dive marast town) Walkersville Ξ. vears filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO F 3. NAME OF First DATE Middle Month DECEASED (Typa or print) DEATH 1066 6. COLOR OF RACE 7. MARRIED 5. SEX IF UNDER 24 HRS. AGE (In years ਧ NEVER MARRIED [bythday) White Months Male Feb. WINOWED IT DIVORCED remove 10a. USUAL OCCUPATION (Givs kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dene during most ofgracking life avon if retired) physi Maryland U.S.A. Own Farm please 1 .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Grossnickle Scline Warner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yos, no, or unkown) (Ifyesgiva warordates of service) Walkersville. Md. Mrs.Cyrus Schroyer permit. een signed by 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: constitut cremation, IMMEDIATE CAUSE (a) burial-transit Et Budio Vascalar Device nding Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY SE <u>o</u> CERTIFICATION PERFORMED? use prior NO 🔀 ٥ 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam 18.) Health OR CONTRIBUTING | CAUSE OF DEATH defached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (State) ō factory, streat, office bldg., atc.) While Not While Hour a.m. DIRECTOR: at work at work D.m. 1966, that (1) (we) last 1940. (this hospital) attended the deceased from... 21. I certify that/U State 1066, and that death occurred a AM, from the causes and on the date stated above. shoul saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING STAFF HOSPITAL with th K FUNERAL PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS rector, NAME (Type death. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY \$ G 0 BUHYAT (Spacify) Frederick Feb. 22.1966 Grossnickle Church Bren. Md. 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20M 5-63





tle, Myersville, Md. F. B

1966

and 2 = -Filled completely paper id X carbon pue physician геточе altending pleal 140 been certificate After DIRECTOR death. Page 4 rector, S & S VR A15 [4]

funeral



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USURL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Frederick a. COUNTY Frederick Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Rural - Myersvil Rural - Mversville vears . IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gave street address) ON A FARM? YES TO NO Route 4. DATE Month 3. NAME OF Middle OF DECEASED DEATH LAURA (Type or print) ELTZABETH HARSHMAN February 19 66 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last b Hhdey) | Months 1882 female Car WIDOWED [DIVORCED March BIRTHP, ACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give had of work 1Db. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if retired) Frederick Co. Md. housewife own home 14. MOTHER'S MAIDEN NAME TR FATHER'S NAME 9920 .⊑ Martha Hessong George Dallas Gaver ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unknwn) [[[fyesgivawar ordetes of service] Chas. W. Harshman. Myersville. Md. Rt. no INTERVAL BETWEEN 18. CAUSE OF DEATH linter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: days Cardiac failure IMMEDIATE CAUSE le **DUE TO** Generalized arteriosclerosis 10 years Conditions, if any, which gava rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. [City or town] .County) 20c. TIME OF INJURY Month, Day, Year fectory, straat, office bldg., etc.) Not While While Hour a.m. et work et work 226. DATE 22e SIGNATURE 2-25-66 SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S Smithsburg, Maryland 21783 NAME (Type) Charles F. Hess, M.D. director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Myersville Fred .Co. Grossnickle's 1966 Burial 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7-62 Myersville, Md.

filled

and

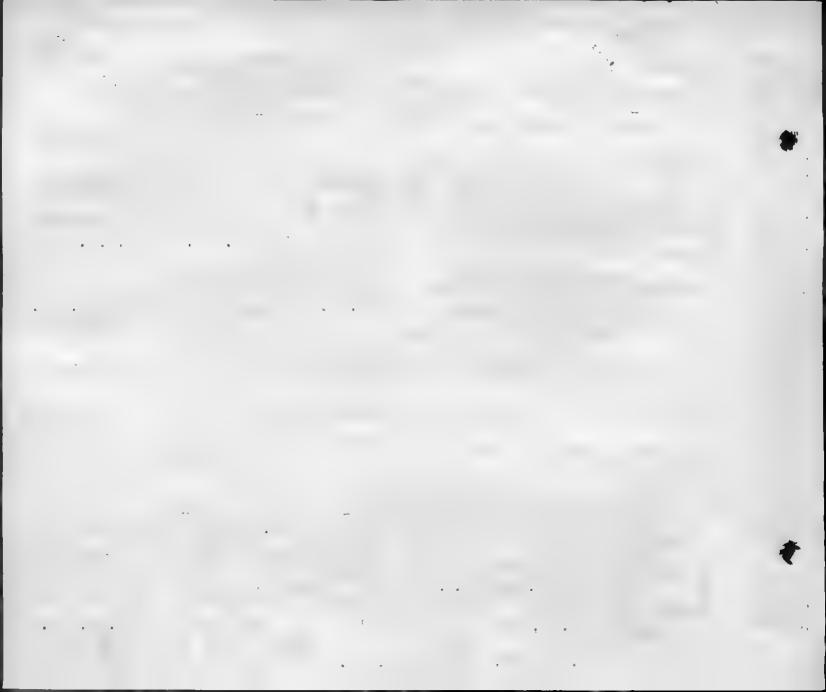
physician

affending

signed by

DIRECTOR

death. Page 4





RYLAND STATE DEPARTMENT OF HEALTH

funeral

completely papers.

pue

physician

ğ

DIRECTOR:

death. Page 4 O FUNERAL

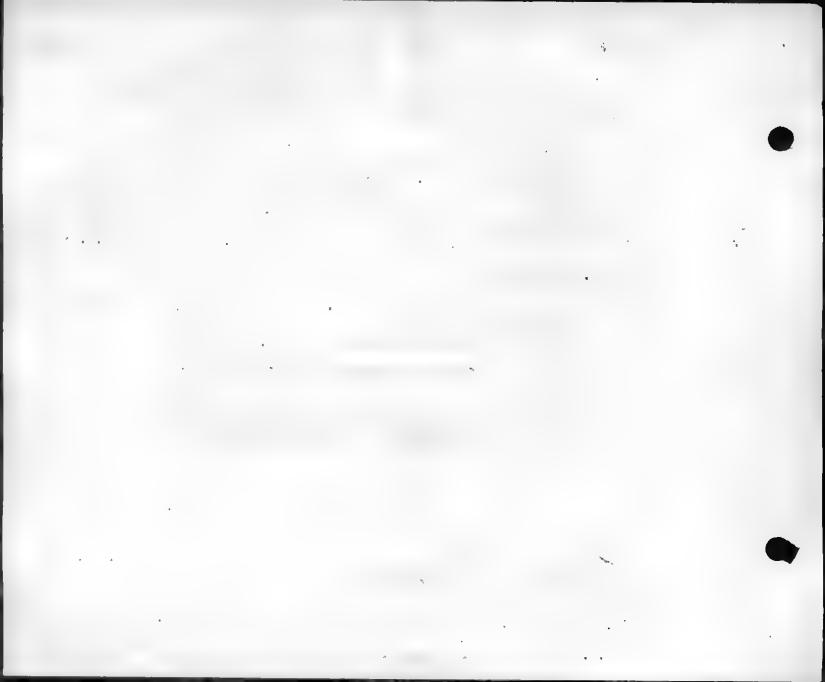
O

with #

rector, I

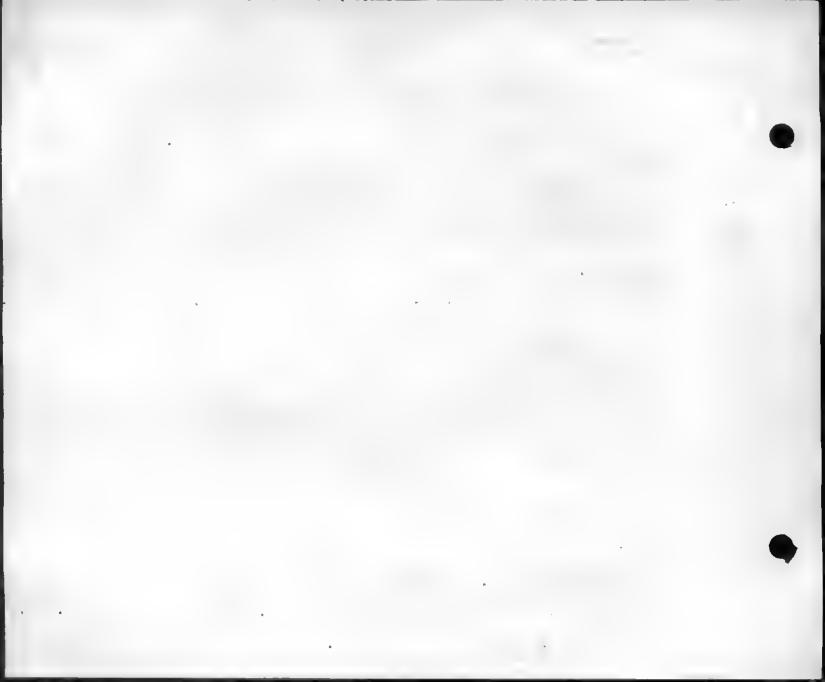


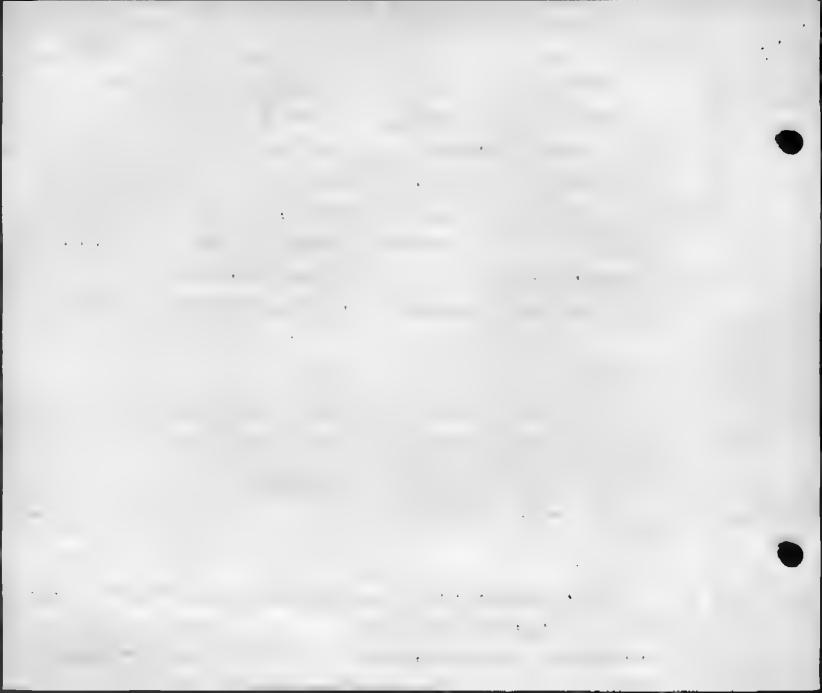
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY r filled in by the furpapers. Pages 1 drin 72 hours after d a. STATE b. COUNTY Frederick Maryland Frederick
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Frederick Hours Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? mpletely fill carbon pap ent, within 7 Frederick Memorial Hospital 1507 Rosemont Avenue NO IX YES NAME OF DATE Month Year First Middle DECEASED 1966 DEATH February been signed by the attending physiologist complete beneal transit permit. Then please throwe car on to burial, cremation, or removal, and m any event, GEORGE (Type or print) ■xe∎∎ted 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH last birthday) Months Oays October 17,1903 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12, CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) - INDUSTRY COUNTRY? Sears-Roebuck Co. Rocky Springs, M ryland U.S.A. Retireddeat | certificat | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eleanor Main Joseph F. Hildebrand 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 5215 Mrs. Thelma Hildebrand (Same as item#2) 03 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: regionastial Infanction attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the has b as th prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate I detached for use te Dept. of Health PERFORMED? O NO -YES T the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ICAL TIME OF INJURY Month, Oay, Year (State) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) MED Hour a.m. While Not While at work at work OF FUNERAL DIRECTOR: After director, page 3 should be should be filed with the St retained 21. I certify that (I) (this hospital) attended the deceased from 1962 to 27 Ed., 1966 that (1) (we) last 19 56 and that death occurred at saw the deceased alive on.... M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING Feb. 27, 1966 Fage 4 may 1 M.O. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Frederick, Maryland 1966 Rocky Springs Cemetery Burial REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 25a. REC'D BY REGISTRAR 25b. DATMAR 1966 VR A15 (4) Son Frederick Maryland 25M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Maryland Frederick Frederick completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Thurmont days d. STREET ADDRESS O. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Frederick Memorial Hospital 113 E. Main St. NO X YES executed within DATE Month Day Year NAME OF Middle Last First DECEASED HOOVER 1966 CLARA CATHERINE DEATH FEBRUARY (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE 9. emove 7. MARRIED NEVER MARRIED A 6 last birthday) Months Davs Hours and White Mav Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)
Machine Uperator 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) NG PHYSICIAN: The law requirm that the death certificate be by the hospital or attending physician. Sewing Factory Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O FUNERAL DIRECTOR: After this certificate has been signed by the attending of director, page 3 should be detached for use as the burial-transit permit. There, should be filed with the State Dept. of Health prior to burial, cremation, or removal Fisher Clara Allen D. Hoover 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 15. WAS DECEASED EVER IN U.S. ARMED FOR U.S. (Yes, no. or unknown) (If yes give war or dates of service) 215-10-2498 E. Main Thurmont, Edna Hoover 413 **INTERVAL BETWEEN** 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS DAYS CARDIOVASCULAR DISEASE HYPERTENOVE 10 Conditions, if any, which gave rise to immediate DUE TO (a), stating the cause underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? ND U YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING | be retained by i n.m. at work at work 1966 21. I certify that (1) (this hospital) attended the deceased from 1966, and that death occurred at 7 3/AM, from the causes and on the date stated above. saw the deceased alive on. 22b. 22a-SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR turiund M.D. PHYS. TO HOSPITAL OF Page 4 may b ADDRESS 1 TOll PHYSICIAN'S rederick, C. Reynolds House Ave. NAME (Type) Richard LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF hurmont Bred. REMOVAL (Specify) United Brethren Cem. 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR **FUNERAL DIRECTOR** Thurmont, VR A15 (4)

15M 4-64

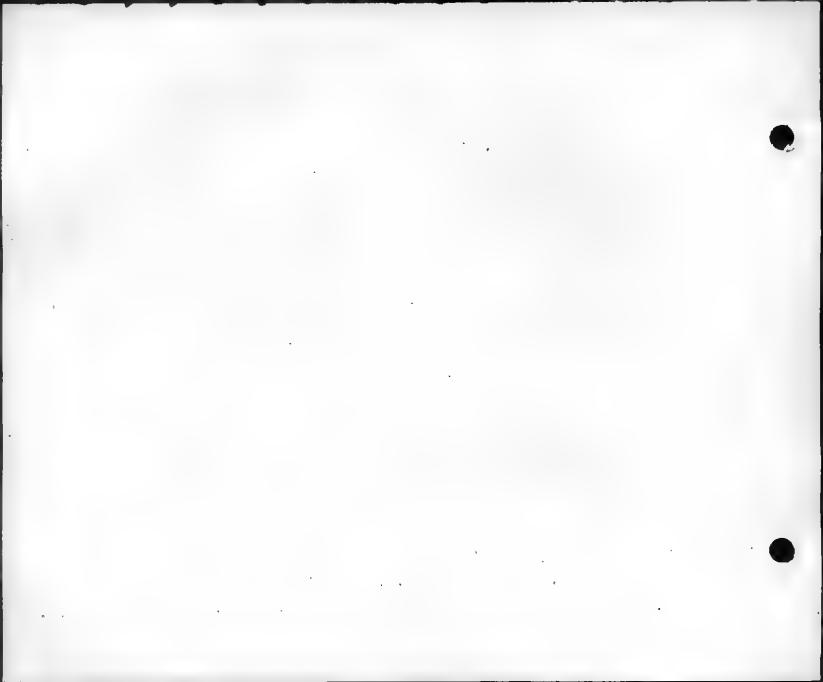




VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	022		T#0	CERTIFICA	TE OF DEA	NO. 00		1)29	73	
1.	PLACE OF DEAT FIEGER	ick	± ∪em πy	MARYLAND	NT A STATE	DENGE (Where dec	eased lived, If instit b. COUNTY	tution: Residence befo Y	ore admission)	
Rı	araile augai	VN (if outside corporate I and Rive cearest town)	5	years	b c. CITY OR TOW	/N (If outside corp	porate limits, write	RURAL and give no	earest town)	
7		SPITAL OR INSTITUTION (View Nursir		, give street addres	d. STREET ADDI	RESS		e. IS Di YES	RESIDENCE N A FARM?	
	NAME OF DECEASED (Type or print)	Antione		Middle	Kelly	DEATH	Feb.		Year 1966	
F	emale		VIDOWED 🚟	EVER MARRIED DIVORCED	Sept. 22	2,1887/7	yrs.		ours Min.	
5	10a. USUAL OCCUPATION (Give kind of work done done in the surface of the surface									
13.	. FATHER'S NAM	AÉ .			14. MOTHER'S	MAIDEN NAME				
15 (Y	WAS DECEASED	EVER IN U.S. ARMED FORC (If yes give war or dates of ser			7. INFORMANT Lillian (hipl 6 y	Address Frede	rick, Md	•	
		DEATH (Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for	(a), (b), and (c).]	poolus	uon			L BETWEEN	
	Conditions, If gave rise to cause (a), s	Immediate DUE TO	artere	öblere	tio lu	art cle	riane	Ye.	Ars_	
CERTIFICATION	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO									
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	Hour a.	INJURY Month, Day, Yea m. 19	While No		PLACE OF INJURY (Hor ctory, street, office b)	me, farm, 20f. (dg., etc.)	(City or town)	(County)	(State)	
	21. I certify that (I) (this hospital) altended the deceased from 5/24, 19/6, to 2/3, 19/6, that (I) (we) last saw the deceased alive on 19/6, and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF									
	22c. PHYSIGI NAME (I	AN'S Type) Dr. James	Thomas		V.D. PHYS.	MEDITECTOR C	PHYS.			
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) St. Raymonds Cemetery New York N.Y.										
	Gladhil		ddleto	wn, Mary		FEB 8	TRAR 256. REG	ISTRAR'S SIGNATU	RE	

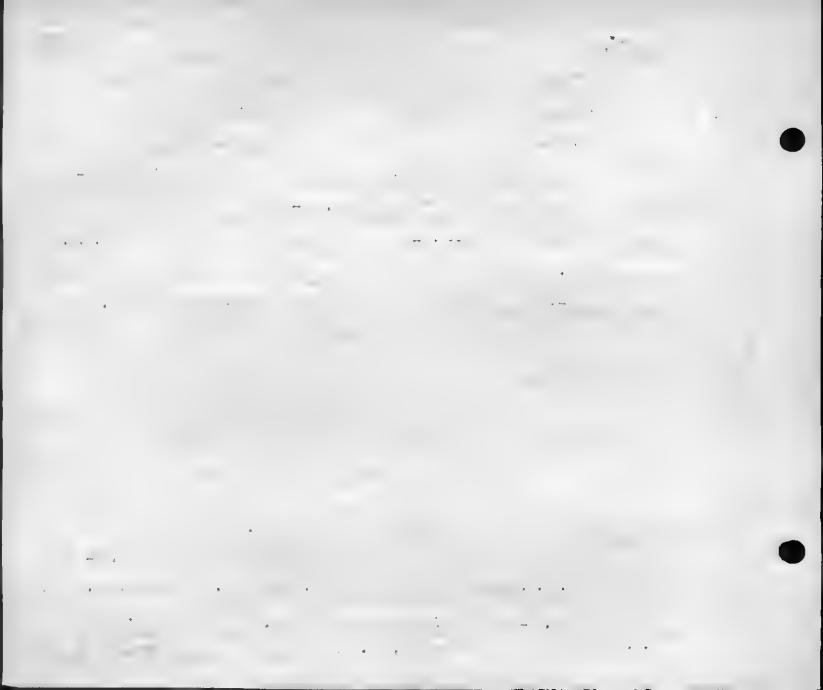


RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH shoold PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence e. COUNTY b. COUNTY Frederick Frederick by the and 2 death. Maryland MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town; write RURAL and give nearest town) Frederick vears Frederick Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS hours a ON A FARM? 107 West 12th. St. papers. 107 West 12th. St. YES NO X 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH Franklin February 20-Charles Kemp 19 66 carbon t, withir 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years) IF UNDER 1 YEAR) 8. DATE OF BIRTH and lest birthday) Months Nov. 7- 1893 Mala White WIDOWED ! DIVORCED [attending physicial Then please found in any wal. 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Frederick Co. Md. U.S.A. Retired Auto & Parts Dealer death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Enos Kemp Eleanor Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) [[fyas give war or datas of service] Mrs. Lucy Kemp- 107 W. 12th. St.-Frederick-Md. permit. signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 늄 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS the burial-transit purial, cremation, MINUTER IMMEDIATE CAUSE (a) +201 **DUE TO** HYPERTENSIVE ARTERIOSCLEROTIC Conditions, if any, which gave rise to immediate cause CARROVASCULAR DISEASE DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? use prior ABETES MELLITUS YES NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for After this (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED J. 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour a.m. CTOR: at work at work 21. I certify that (1) (this hospital) attended the deceased from ... 10 should DIREC 17......19.6.6., and that death occurred 3 PM, from the causes and on the date stated above saw the deceased alive on..... 22b. DATE 22a. SIGNATUR MED. STAFF with I HOSPITAL FUNERAL PHYS. DIRECTOR PHYS. Page 22c. PHYSICIAN 22d. ADDRESS filed v NAME (Type) Dr. Richard C. Reynolds 80h Toll House Ave .- Frederick, Md. 21701 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0.48 Mt. Olivet Cemetery Frederick. Md. 21701 256, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Elwood T. ADDRESS Heetmere M.R. Etchison & Son Frederick, Md. 21701047 VR A1S (41 20M S-63





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the sand 2 death Frederick Varvland Frederick MARYLAND b, CITY OR TOWN Ist outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) þ 24 write RURAL and piva neerast town! 5-Pages Frederick 54 years wilhin Frederick Filled i papers. Parin 72 hours a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO completely Visitation Convent Visitation Convent NAME OF Middle DATE DECEASED OF (Type or print) DEATH February 19 66 **Zithir** Sister Mary Philomena Lagan carbon 6. COLOR OR RACE 17. MARRIED NEVER MARRIED . 5. SEX 9. AGE (In years IF UNDER) YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and lest birthdey] | Months event, Davs Hours Jan. 18- 187h physician a **Female** White WIDOWED [DIVORCED T remove 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Convent Sister Treland U-S-Aplease 13. FATHER'S NAME ding 14. MOTHER'S MAIDEN NAME John M. Henry Margaret Williams [hen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknwn) ((If yes pive wer or detes of service) Visitation Convent- Frederick, Md. 21701 NONE permit. ģ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ò ONSET AND DEATH peugis PART I. DEATH WAS CAUSED BY: las been signed burial-transit prial, cremation, IMMEDIATE CAUSE (e) DUE TO attending Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. certificate hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY FO 2 CERTIFICATION PERFORMED? 020 prior NO TX I may be retained by the ho DIRECTOR: After this cel 3 should be detached for u he State Dept. of Health pri 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY [Home, farm, ! 20f. (City or town) (County) (Steta) fectory, streat, office bldg., etc.) Hour a.m. While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from. ... Jan. 1955 to 3 Fabr., 1960 that (1) (we) last 1965, and that death occurred at 60.M, from the causes and on the date stated above. saw the deceased alive on 5 DATE 22e. SIGNATURE death. Page 4
5 FUNERAL
Sirector, page 3
se filed with the ATTENDING SIGNED PHYS. DIRECTOR PHYS. Feb. 4- 1966 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. H.V.Chase E. Church St .- Frederick, Md. 21701 238, BURIAL, CREMATION, 236, DATE THEREOF Z F L 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Frederick, Md. 21701 Visitation Monastery Com. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Frederick, Md. 21701 VR A15 [4] 2DM 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAM CATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before edmission) . COUNTY director. Page or your files. is necessary, O MARYLAND b. CITY OR TOWN (if outside corporete limits, Department death. E. LENGTH OF STAY IN 16 OR TOWN (II) outside earparate limits, write RURAL and give negrest town) write RURAL and give neerest town) for your DERIC d. STREET ADDRESS F d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE MEDICAL EXAMINER: This certificate should be executed within 24 hours after deam. In the funeral is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 5 may be retained to the certificate, writing the word "pending" in pencil in the State Description of the state of the stat ON A FARM? YES NO A Frederi Hotel NAME OF DATE DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. last birthday) Months Days DIVORCED 🖂 WIDOWED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 106, KIND OF BUSINESS OR INDUSTRY done during most of working (ile, even il relired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. ARMED FORCES? I Iff yes give wer or deter of service i CAUSE OF DEATH Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [7] 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. 20f. ICity or town) (County) [Stete] factory, street, office bldg., etc.) While Not While Hour e.m. at work et work execute the certificate, p.m. should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Naturel causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 32 O DEPUTY DEPUTY MEDICAL EXAMINER TO 6 EXAMINER'S B.O. Thomas NAME (Type) .Sr. M.D. TO FU. Health Address (Street, city, town, or county) please 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specily) EMAT 23. FUNERAL DIRECTOR REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63 .

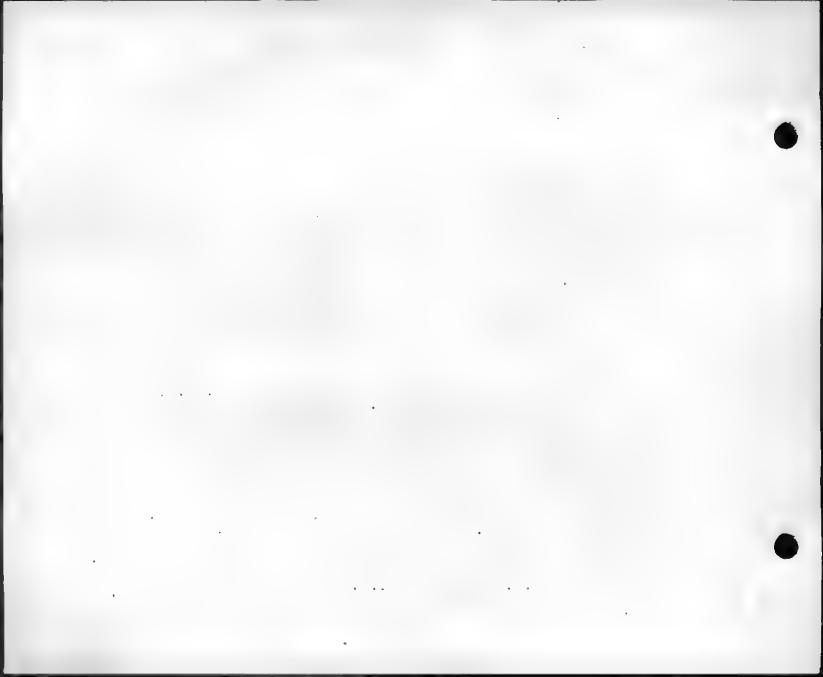


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if Institution; Residence before admission) e. COUNTY b. COUNTY Frederick Maryland Frederick by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) ٨ write RURAL and give nearest town) Walkersville Frederick- Rural Ξ Vrs. Pages ij Pellis d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. . IS RESIDENCE d. STREET ADDRESS hours ON A FARM? Montevue Infirmary YES NO TO completely papers. 3. NAME OF Month Middle DATE Day **LBS**3 Year DECEASED OF (Type or print) Minnie Elizabeth Mathias DEATH February 17-66 19 ian and con 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Min. ovent. October 15- 1886 Female WIDOWED [T DIVORCED T certificate 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, avan if retirad) rem U.S.A. any Domestic Work Frederick Co. Md. 0 attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Pue John Mathias Mary Elizabeth ? Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (If yes give wer or datas of service) Mrs. Kenneth Mercer- Walkersville, Md. 21793 220-30**-**7603 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (a). INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY 6 pe≡6 IMMEDIATE CAUSE (a) burial-transit i DUE TO guip Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the undarlying the bur buriat, couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION certificat 2 G PERFORMED? NO K YES 🗔 950 prior 20a, ACC.DENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ş OR CONTRIBUTING [CAUSE OF DEATH ę Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After WEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, 20d, INJURY OCCURRED 20f. (City or lown) (County) (Siete) Month, Day, Year factory, streat, office bldg., etc.) While Not While ö Hour a.m. at work at work may be retaine DIRECTOR: D.m. Dept. 21. I certify that (I) (this hospital) attended the deceased from . plnous 1108 are the causes and on the date stated above State saw the deceased alive on. (and that death occurred DATE 22a SIGNATUR 18-1966 NED ന PHYS. Fab. PHYS. DIRECTOR M.D. HOSFITAL FUNERAL page Page 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa) Dr. B.O.Thomas-J Professional Bldg .- Frederick- Md. 21701 rector, 23e. BURIAL, CREMATION, , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Spacify) £ # 0 Olivet Cemetery Frederick- Md. 21701 Feb. Whitmore 7 ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Son-Md. B VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) unero PLACE OF DEATH b. COUNTYFrederick o COUNTY Maryland Frederick MARYLAND LENGTH OF STAY IN 16 c EITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RaRAL and a ve nearest town) Brunswick e IS RESIDENCE ON A FARM? d STREET ADDRESS ve carban popers event, within 72 h a NAME OF HOSPITA, OR INSTITUTION (if not in hospito, give street oddress) completely filled YES NOTE Middle 4 DATE Month NAME OF First OF DECEASED 2 66 Jeff fiew Wayne Moss 19 DEATH Type or print) 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF LNDER 24 HRS. NEVER MARRIED SEX 6 COLOR OR RACE 7 MARRIED last birthdoy) Hours TT-29-65 DIVORCED WIDOWED puo 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY during most of working life, even if retired) Maryland 14. MOTHER'S MAIDEN NAME 3 FATHER'S NAME signed by the ottending physi burial-transit permit. Then pl burial, cremation, or removal, Glinda D. Anderson Harold W. Moss IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mother 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) ONSET AND DEATH Crib-Death DUE TO unknown cause Conditions, if ony, which gove rise to immediate couse (a), County Medical Examiner, Thomas, Sr. was notified Dr. B.O. DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) CATION NO X YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Hour o.m. Not While ot work at work 21. I certify that (I) (this haspital) attended the deceased from Nov. 29, 1965, to Feb. 3, 1966, that (I) (we) last saw the deceased *** an Feb. 3, 1966, and that death occurred at 4A.M, from causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS Feb. 4, 1966 X M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Gum Spring Brunswick Hollow C.T. Byron Kao, M.D. NAME (Type) 236 DATE THEREOF 2-5-66 23d LOCATION (City or Town) 230 BURIAL, CREMATION,
BRUNDVAL (Coekify) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Park Heights Cemetery Brunswick Fred; Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Brunswick Md. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE R



TO FUNERAL BIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please legious carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and war any event, within 72 hours after dealing. TO HOSPITAL OR ATTENBING PHYSICIAN, The law requires that the death certificate be embouted mithin 24 lloum after death, Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02324 CERTIFICATE OF DEATH

	02324	02324 CERTIFICATE OF DEATH								280	
	1. PLACE OF DEAT 8. COUNTY Fre	TH ederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence hef a. STATE Maryland b. COUNTY Frederic						
		VN (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I		e limits, write i 21774	RURAL and glv	e nearest town)	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick Memorial Hospital					d. STREET AOORESS e. IS RESIDENCE ON A FARM? YES NO X					
	3. NAME OF DECEASED (Type or print)	BLAN		Middle R.	MY	Last	4. DATE OF DEATH	Month Februa	0ay	Year 1966	
	5. SEX Female	6. COLOR OR RACE White	7. MARRIED [WIDOWED [NEVER MARRI		28 Dec 1888	9. AGE last	(in years IFU birthday) Mo	INOER 1 YEAR!	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY House-work 11c. BIRT HPLACE (County & State, or foreign country) 12c. CITIZEN OF COUNTRY? Waryland 12c. CITIZEN OF COUNTRY? U. S.									F WHAT		
	13. FATHER'S NAM Martin I	L. Shuffler				14. MOTHER'S MAIL Trene P.		e unkno	Wn)		
	15. WAS DECEASED (Yes, no, or unkown) No	EVER IN U.S. ARMED FO (If yes give war or dates o	ORCES? 16. S of service)	OCIAL SECURITYN Unk		. Helen M.	Stup (Sa	Address Lme as i	tem #2))	
		DEATH (Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	1: 50	ie for (a), (b), and i	(c).]	mbolus				RVAL BETWEEN ET ANO DEATH	
		Conditions, if any, which gave rise to immediate (b) hypocardial Siferitor Ht. 4. George									
	cause (a), s underlying caus	tating the OUE	(c)				AA				
	FICAT					TEO TO THE TERMINAL (YES	PERFORMED?	
- 1											
	20c. TIME OF Hour a.r p.		Year 20d. IN While at work	JURY OCCURRED Not While at work	20e. PLAC factor	CE OF INJURY (Home, f; y, street, office bldg., e	tc.) 20f. (City	or town)	(County)	(State)	
	21. I certify that (I) (this hospital) attended the deceased from Hell 10, 19(c/c, to Hell 15, 19(c/c, that (I) (we) last saw the deceased alive on 10/c/c, and that death occurred at 43 M, from the causes and on the date stated above.										
	U	22a. SIGNATURE W.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECT									
	PHYSICIAN'S NAME (Type) W. J. Riddick, M. D. 22d. ADDRESS Frederick Medical Center, Fred'k, Md.										
	23a. BURIAL, CREN REMOVAL (Sp. BURIAL) 24. FUNERAL OIRE	eclfy) 2/18/		Mount O		Cemetery	Freder	ick, Md	. 21701		
1		tchison & S	on. Fred	derick. M	Jr. 2	1701 EER	O'D BY REGISTRAN	250. KEGIS	STRAR'S SIGN	age.	

VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2325
CERTIFICATE OF DEATH

Н	112223	132325 GERTIFICATE OF BEATH									
41	1. PLACE OF DEAT	Н		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
	a. CDUNTY Frederic	-1-		a. STATE b. COUNTY							
١			MARYLAND c. LENCTH OF STAY IN 15	Maryland Frederick c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)							
ı		(N (if outside corporate limits, and give nearest town)	C. LENGTH OF STAT IN 15				COLVET BING BING	/ (realest town)			
١		iddletown	3 Yrs.		iddletowr	1		1			
- 1	d. NAME OF HO	SPITAL OR INSTITUTION (if not I	in hospital, give street address)	d. STREET ADDRESS			0.	IS RESIDENCE DN A FARM?			
`	Rfd. 1			Rfd. 1			YE	ES ND X			
1	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year			
- 1	(Type or print)	Myrtle	Catherine	Netz	DEATH	Februar	4 / -	19 66			
- [5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AC	CE (In years IFU st birthday) Mor	NDER 1 YEAR	F UNDER 24 HRS.			
1	Female	White WIDOW		September 2	1892 7	yrs. Mar	oths Days	Hours Min.			
	10a. USUAL OCCUPAT	FION (Cive kind of work done ling life, even if retired)	D. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Housewi	Ce	Own Home					U. S. A.			
7	13. FATHER'S NAM		- 1111 1102EG	1 14. MOTHER'S MAIDEN NAME							
Н	30 40			24. MOTHER O MAINER MAINE							
	Martin			Susan En	mert						
- 1	(Yes, no, or unknyn)	EVER IN U.S. ARMED FDRCES? ((If yes give war or dates of service)	16. SDCIAL SECURITY NO. 17.	INFORMANT		Address					
-	No.		None Mrs	. Richard F	lout zahn	Middlet	own Rfd	.1 Md.			
	18. CAUSE DF	DEATH (Enter only one cause p		1 1			I INTER	VAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:										
П	A. 200 P	Timine Division (a)									
	Conditions 16	Conditions, if any, which \ DUE TO (arbitrary 67-19-29-6)									
	gave rise to immediate (b)										
	cause (a), stating the DUE TO										
	underlying caus	se last.) (c)									
	PART II. OTHERS 2Da. ACCIDENT BY CIF EITHER, NO	SICNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PAR	Ti(a) 19.	WAS AUTOPSY PERFORMED?			
4	YES ND N										
	2Da. ACCIDENT										
	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH CA										
	Hour a.m. While Not While factory, street, office bldg., etc.)										
	p.m. 19 at work at work										
	21. I certif	21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) last									
		saw the deceased alive on 1966, and that death occurred at 1968. M, from the causes and on the date stated above.									
	22a. SICNATU	22a. SICNATURE 22b. DATE SICNED									
		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 12-4-66									
	MAINE (1)	(9 W.)	evan	126	onsilo	10, 1	2				
	23a. BURÎAL, CREM	MATION 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA1	ION (City, town	or county)	(State)			
	REMOVAL (Spe	ecify) 2- 6- 66	_								
1	24. FUNERAL DIRE		Boonsboro Ce		C'D BY RECISTR	naboro. AR 25b. REGIS	TRAR'S SIGNA	TURE			
)			***************************************		0 0 1 VE0121VI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 6				
1	John H. Bas	st, Jr. 112 N. M	ain S Boonsbor	o Md DATE		. N	2 44	dee			

VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY AKROL MARYLAND OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if butside corporate limits, C. LENGTH OF STAY IN 1b write BURAL and give nearest town) WOO e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ON A FARM? RAL NO X YES NAME OF DATE 3. First Month Day Year Middle last DECEASED OF DEATH 1966 aa (Type or print) de. AGE (in years | IF UNDER 1 YEAR | Months | Days F UNDER 24 HRS. SEX 6. GOLOR OR RACE DATE OF BIRTH 9. 5. 8. 7. MARRIED NEVER MARRIED Hours DIVORCED WIDOWED yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR & State, or foreign country) COUNTRY INDUSTRY DUSE A MOTHER'S MATDEN NAME 14. 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address INFORMANT 16. SOCIAL SECURITY NO. 17. (Yes, no, or ankown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH (b), and (c). 18. CAUSE OF DEATH [Enter only one cause PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING DOB. OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on. 966 and that doubt occurred at .M. from the causes and on the date stated above. DATE SIGNED 22b. 22a. SIGNATURE M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) CEMETERY OR CREMATORY LOCATION (City, town on county) BURIAL, CREMATION, DATE THEREOF 23b. REMOVAL (Specify) 12/16 REGISTRAR FUNERAL DIRECTOR BY REGISTRAR

VR A15 (4) 1/65

Page



VR A15ME 5M 1/63

BURIAL

23. FUNERAL DIRECTOR

West of Frederick- Md

Prederick

Months

e. IS RESIDENCE ON A FARM?

YES NO

19 66

Year

12. CITIZEN OF WHAT COUNTRY

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

and in my opinion

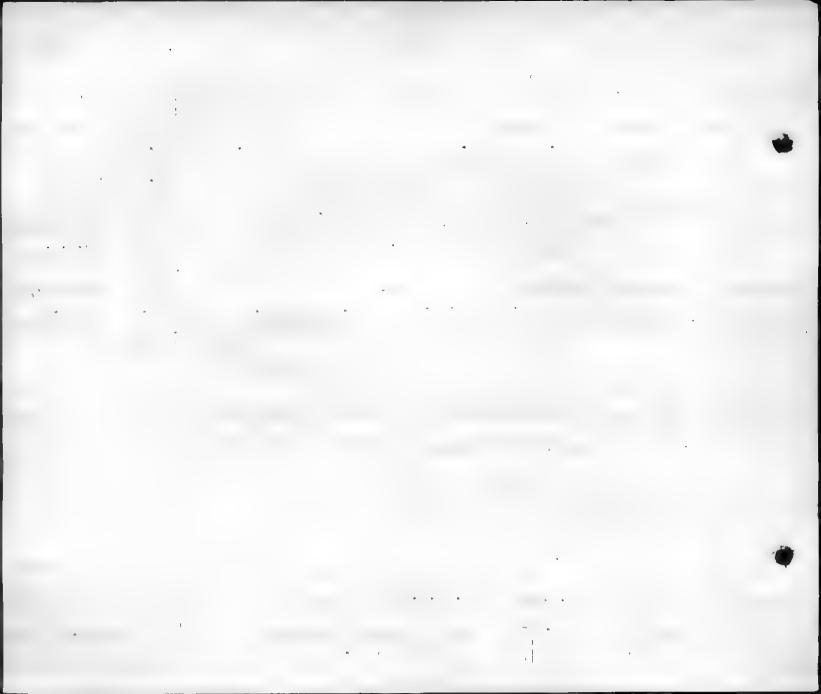
DATE SIGNED

(Stele)

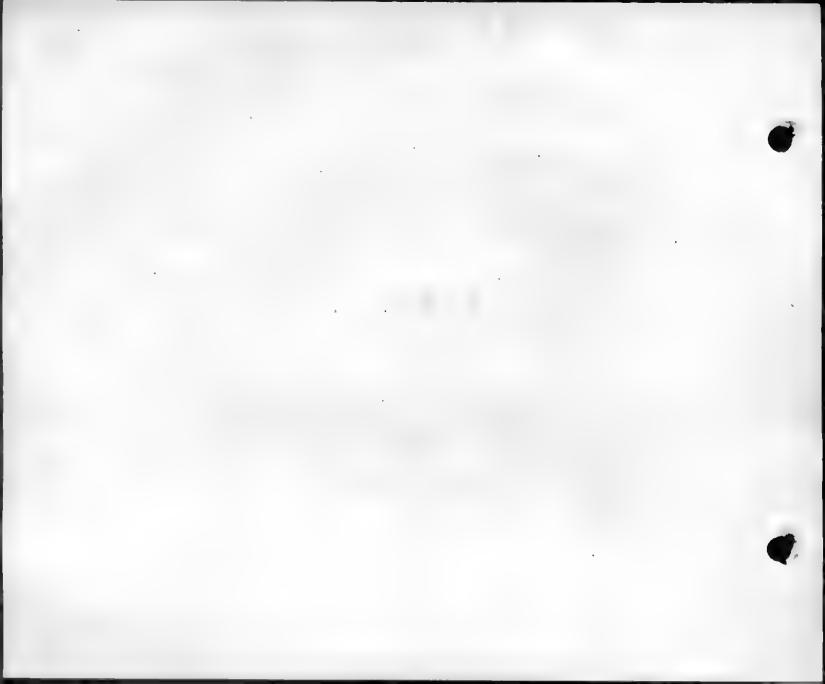
Frederick Memorial Park Frederick, Md.

DATE

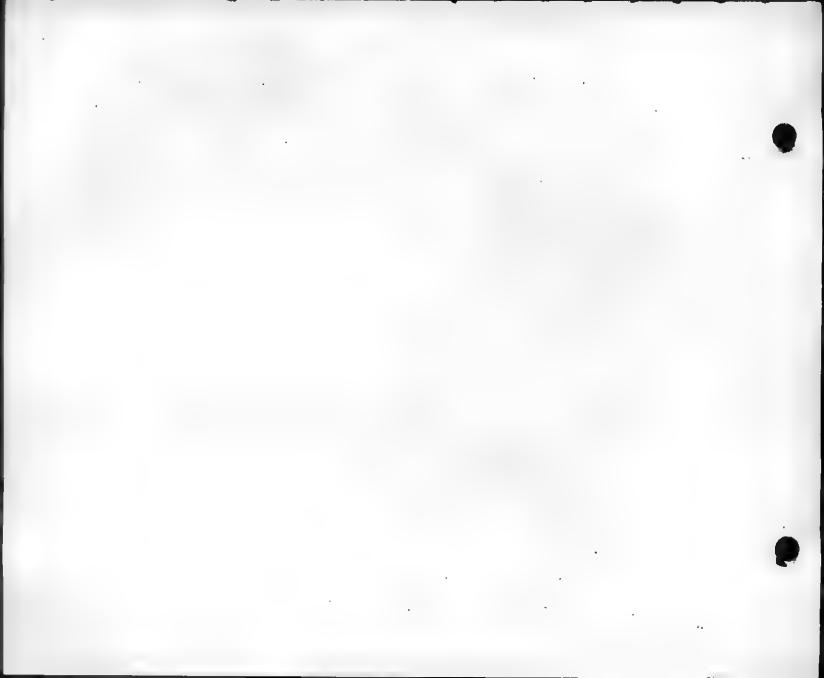
248. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE



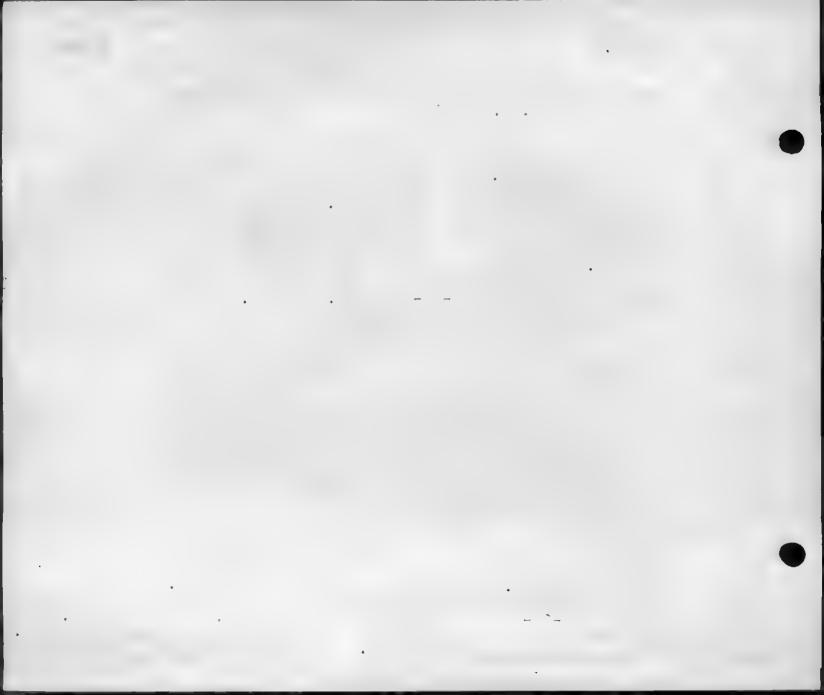
15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY the MARYLAND by the Pages TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR hours CALL = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE filled within 72 ON A FARM? YES NO completely to executed within NAME OF DECEASED DATE Month First Middle Last POOLE EBRUART (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours in any WIDOWED DIVORCED [12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) and death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME гешоуа POOL 5 DUWALL JOSHUA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Dame as # 2. has been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) W. W. I INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EM/A 2 1005 the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO PYCHP. CHRUNIC PYELONEPHRITIS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the BENIGN PROSTATIC HYPCRTROPHY-10 YEARS underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) WAS AUTOPSY : After this certificate ha old be detached for use a he State Dept, of Health p PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10.20 M. from the causes and on the date stated above. 1966 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.D. PHYS. 4 may TO HOSPITAL **ADDRESS** 22c. PHYSICIAN'S 22d. G.F. MEADORS, MD TR FOER ICK TOLL HOUSE AVE (State) MAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) JENNING. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20M 1/65



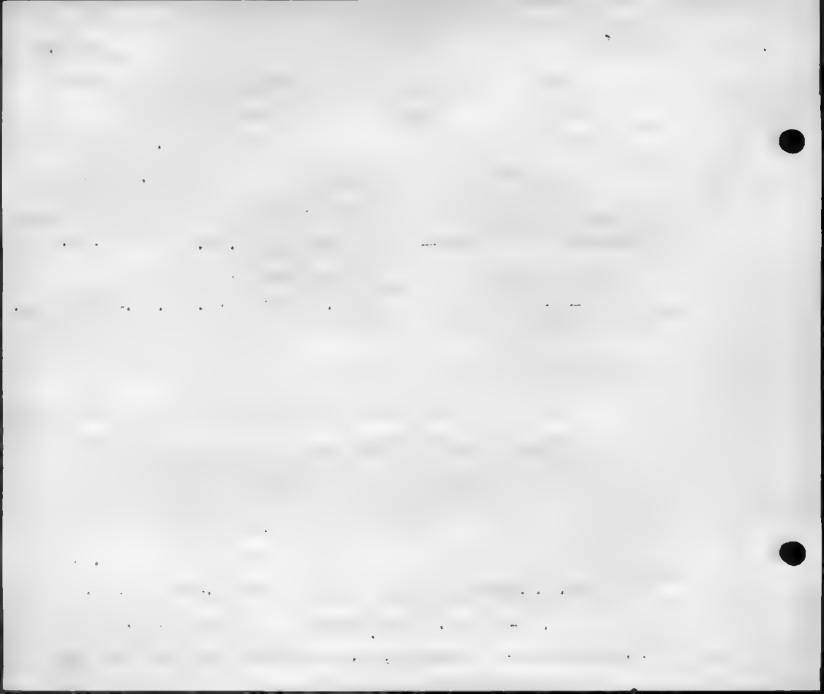
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daccesed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick 출^건년 MARYLAND deat b. CITY OR TOWN (if outs de corporata limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) pue c LENGTH OF STAY IN 15 write RURAL and give neerest town) (Mt.DalaLifetime Thurmont rural after filled in I Pages 1 Thurmont rural within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Mountaindale Own Home YES NO 4 papers. n 72 ho completely 3. NAME OF Year Middle DATE Menth Day DECEASED 20 66 Feb. Powell. DEATH (Typa or print) 19 Luther C carbon withi 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years HF UNDER 1 YEAR) рие last dirthday) Months | Days Min. 1896 male WIDOWED [any event physician 12. CITIZEN OF WHAT COUNTRY? remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired Business USA Marvland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ē attending Susan Holdcraft Edward H. Powell and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yew more unkown) (If yes also was ordates of service) Mrs. Ellen S. Powell Thurmont, Md. 18. CAUSE OF DEATH (Enter only one sausa par line for (a), (b), and (c), INTERVAL BETWEEN Ś ONSET AND DEATH 20 PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the undarlying t e PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION hospital S 2 PERFORMED? NO 95n prior 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam 18.) þ After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDING (Stata) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While Hour e.m. at work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 126/6/6/6/19 that (I) (we) last plnods [6] and that death occurred at 7M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a, SIGNATURE STAFF SIGNED **ATTENDING** DIRECTOR death. Page 4 PHYS. 凶 HOSPITAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Thurmont. homas Love TO FUNE director, 1 23e. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Nr. Frederick Fred. Bur 181 (Specify) Utica Cemetery 2-23-66 Md ... REC'D BY REGISTRAR 256./REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Thurmont. Md. VR A15 (4)



certificate that aftending hospital or certificate ATTENDING be retained may HOSPITAL VR A15 (4)



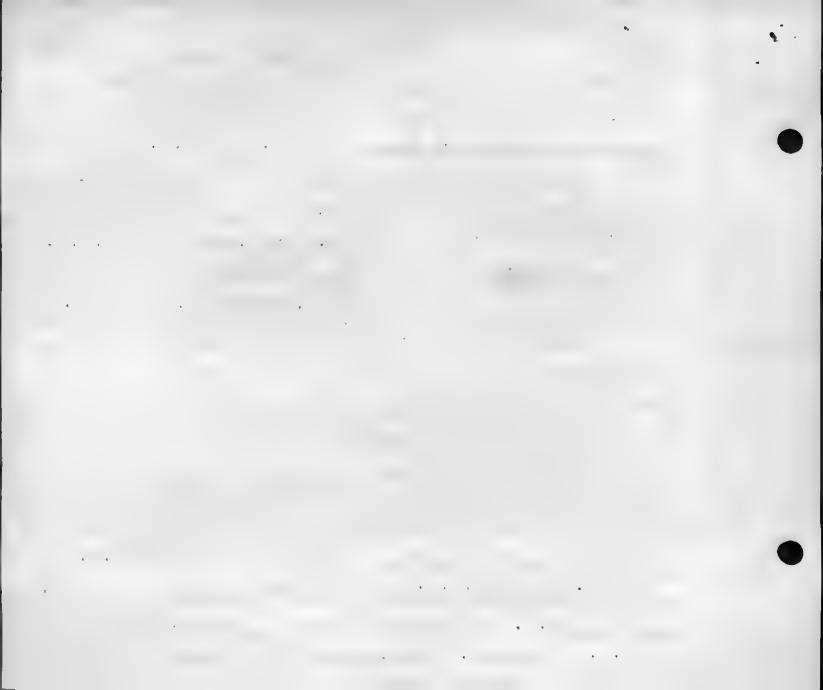
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. COUNTY **b.** COUNTY death. Frederick Maryland MARYLAND Frederick and b. CITY OR TOWN (if outside corporele fimits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town) Frederick vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 20 East Third Street 20 East Third St. YES NO 3. NAME OF 4. DATE Year DECEASED OF (Type or print) Ressia Schilling DEATH Feb. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) | Months ğ Female WIDOWED T DIVORCED [May 2h- 1887 remove IOn. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Siete, or fore an country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Homemaker Frederick Co. Md. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Martin Fogle Alice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address None Roy E. Schilling-20 E. 3rd. St.-Frederick.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral artinosolensis IMMEDIATE CAUSE (e) heren DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 10 CERTIFICATION PERFORMED? prior NO 3 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) 20f. (City or town) (Stete) 7 fectory, street, office bldg., etc.) Not While Hour e.m. CTOR et work el work 70 RE saw the deceased alive on 22a. SIGNATURE DATE FUNERAL rector, page 3 HOSPITAL PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. T.E.Stone 4 West Third St.-Frederick. Md. 21701 236. BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) O To B REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. 21701 24 FUNERAL DIRECTOR'S SIGNATURE & Covand T "ADDRESS" Whitmare 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE M.R.Etchison & Son-VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) e. COUNTY Frederick b. COUNTY Frederick Marvland by the fand 2 and 2 adeath. MARYLAND b. CITY OR TOWN (if outs'de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Rocky Rings Fur al Rocky Ridge Lifetime RD == Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Own Home NO PE papers. n 72 hø 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) Smith February Grace Emma DEATH 66 within carbon 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. Last birthdey) Months Sept. Female WIDOWED [DIVORCED | physician гетоув 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Housewife Own Home Marvland USA 13. FATHER S NAME please 14. MOTHER'S MAIDEN NAME c attending p and William Lizzy Moser Wantz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give we ror detes of service) Horace A. Smith Rocky Ridge. Md. perm.). 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. neuales IMMEDIATE CAUSE (e) burial-transit DUE TO guipue Conditions, if any, which geve rise to immediate cause Ü DUE TO (a), stating the undarlying couse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? prior | YES NO IS 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Part I or Port II of Item 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Hour e.m. Not While ö at work et work DIRECTOR: 1955 to felt 4, 19 69, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from State 24 pino19.15., and that death occurred at 2.4. M, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED 12 M.D. PHYS. DIRECTOR ector, page ; FUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Gettysburg. Penna. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, Rocky Ridge Fred. Co. Md. Mt. Tabor Cemetery 0 = 2 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Thurmont.



MARYLAND STATE DEPARTMENT OF HEALTH

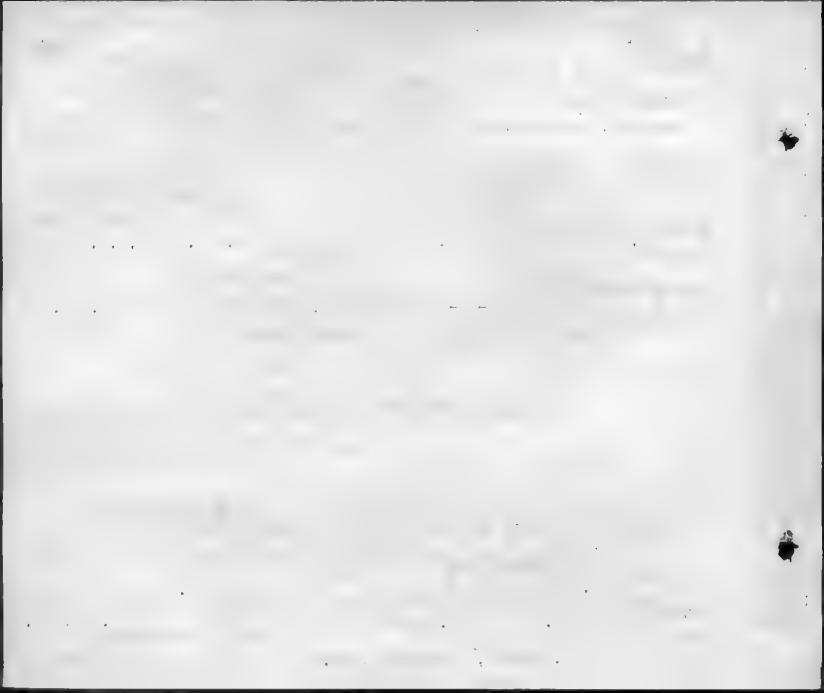


VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT	OL UPWELLI
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PREST	TON STREET, BALTIMORE 1, MARYLAND
02335	CERTIFICATE OF DEAT	TH 02

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edm ssion) a. STATE b. COUNTY
Frederick MARYLAND	Maryland Frederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
mural - Myersville 52 Years	Rural - Myersville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Route # 2
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) RAYMOND LEBLIE	SMITH DEATH Febryary 6 1966
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Abouts Days Hours Air.
male White WIDOWED DIVORCED	April 11, 1885 80 m
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11 SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer own gen. farm	Frederick Co. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josiah Smith	Ellen Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes, no, or unknown) (Ifyesgiva war or dates of service)	INFORMANT Address
	alph W. Smith, Myersville, Md. Rt. 2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c))	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b)	Occlusion Budden
4201 DUE TO	
Conditions, if eny, which \ (b)	
gava rise to immediate cause (a), stating the underlying DJE TO	
couse last. (e) and, andereo	-Scheroses
PART II. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH BUT NO CONTRIBUTING T	D. (Enter neture of injury in Part I or Pert II of flem 18)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 el work et work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	June 1963 to Feb (a, 1966, that (1) (we) last
	death occurred at 2 1000, from the causes and on the date stated above.
220. SIGNATURE	22b. DATE
(LElmer Harb)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) J. Elmer Harp	Middletown, Md.
238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Feb. 9, 1966 St. Mark's	s Lutheran Wolfsville, Fred. Co. Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Faul F. Bittle, Myersvill	e Md lotre 8 9 1956 if Talge
The state of the s	1100



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 12249 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick Maryland b COUNTY Frederick MARYLAND b CITY OR TOWN (If outs de corporate limits write RURA, CLENGTH OF STAY IN 1b c. CITY OR TOWN (II outside carparate limits, write RURAL and alve negres) town) Rural Middletown Rural Middletown Weeks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN E retained far e Stote Board YES TO NO TO Stote 3. NAME OF First DECEASED Stahl Jr OF Feb. Willian Alfred 1066 (Type or print) ‡ 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In yours 5. SEX FUNDER LYFAR IF UNDER 24 HRS with may Months Doys White Hours Male WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if refired) USA Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred William Stahl Sr. Zelda Alma EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address Frederick, Md. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN DNSET AND DEATH Carbon Monoxide Asphyxiation FART I, DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD, WAS ALTOPS PERFORMED? NO [YES 🔲 20b DESCRIBE HOW INJURY OCCURRED (Enler noture of injury in Port I or Port II of Item 18) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not while at work at work 21. 1 certify that I took charge of the remains described above, held an Autopsy ..., Inspection XI, Inquiry ... DIRECTOR: apinion death resulted fram: Natural causes 🗍, Accident 🗍, Suicide 🔼, Homicide 🧻, Undetermined manner ACTUAL **DATE SIGNED** Thomasin & FUNERAL I **EXAMINER'S** DEPUTY MEDICAL EXAMINER PO NAME (Type) VSlote) Arlington Nat. Cemetery Arlington 220. BURIAL, CREMATION | 226. DATE THEREOF 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME Gladhill Co. Middletown, Md. 5M 2157



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH es 1, 2, and 3 to the funeral director. Page Page 5 may be retained for your files... USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission s. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give necrest town E. CITY OR TOWN write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3. NAME OF Middle Last DAT Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED DATE OF BIRTH 8. AGE (In years | IF UNDER 1 YEAR last birthday) Months "in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 m burial-transit permit. File WIDOWED [DIVORCED YIN. 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) permit. File pegdriver 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) [(Ifyespivewerordatesofservice) AMINER: This certificate should be executed writing the word "pending" in pencil in Item of Chief Medical Examiner's Office along with 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b) removal PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Ö Conditions, if any, which used as a bu gave rise to Immediate cause **DUE TO** (a), steling the underlying uld be used a burial, crem cause lest. PARTI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. the C. Page MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) Hour e.m. fectory, street, office bldg., etc.) While Not While et work et work the certificate, DIRECTOR 2 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry MEDICAL designated forwarded death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be for the FUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER b EXAMINER'S B.O. Thomas, Sr.M.D. NAME (Type) please 4 should O FUN Health Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

e. IS RESIDENCE ON A FARM? YES NO 14

1966

IF UNDER 24 HRS.

Hours

INTERVAL DETWEEN

ONSET AND DEATH

PERFORMED? NO T

(State)

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Day

Deys

(County)

REGISTRAR'S SIGNATURE

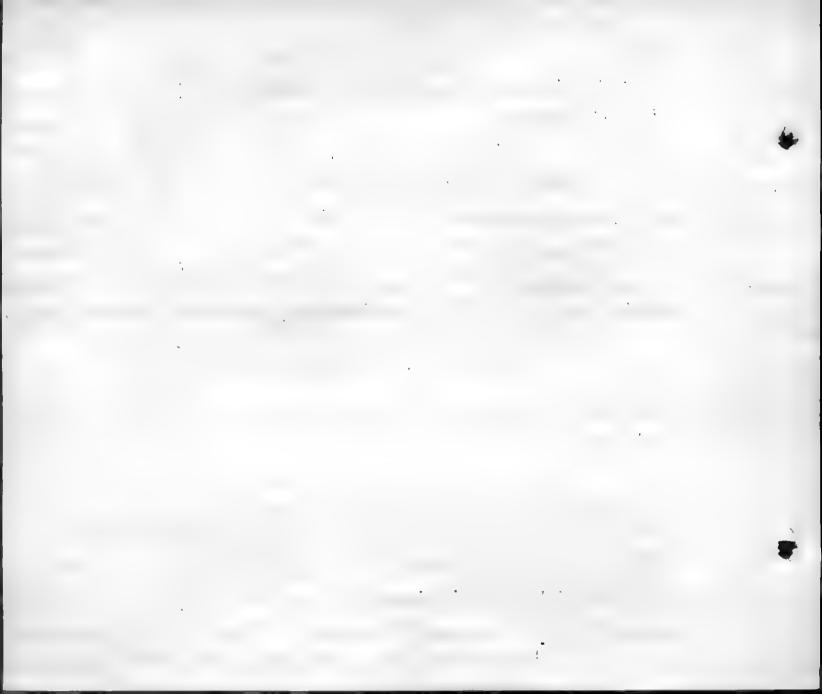
22d. LOCATION (City, town, or county

24e. REC'D BY REGISTRAR

W.S.A.

VR A15ME 5M 1/63

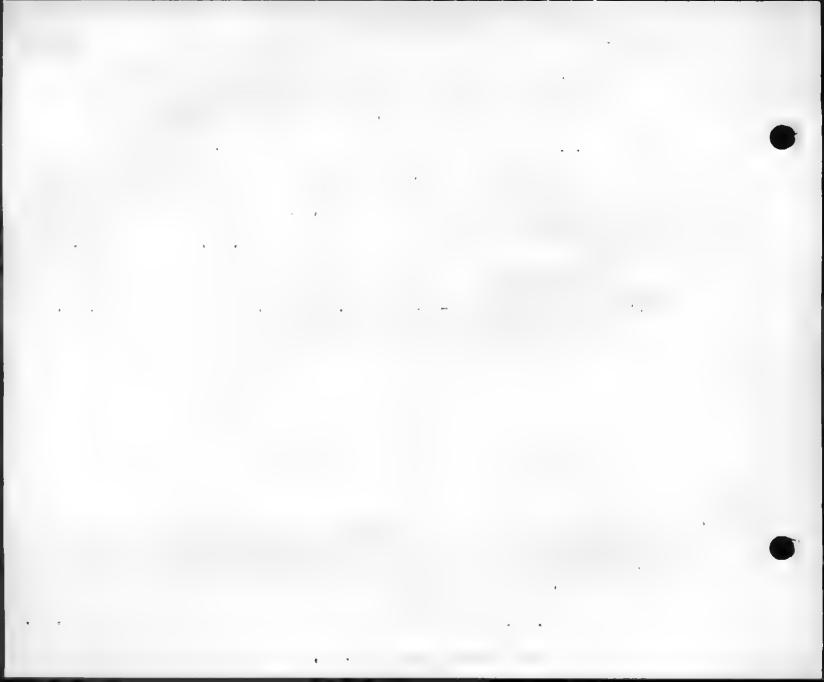
REMOVAL (Specify) 23. FUNERAL DIRECTOR



VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	: 1, MARYLAND
02333	CERTIFICATE OF DEATH	92294
PLACE OF DEATH	1) 2. USUAL RESIDENCE (Where deceased lived, If Institu	ution: Residence before admiss

1. PLACE OF DEATH a. COUNTY		2. USDAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
Frederick	MARYLAND	a. STATE Maryland b. COUNTY Frederick					
	c, LENGTH OF STAY IN 1b	c CITY OR TOWN (If o	outside corporate limits, write RURAL				
write RURAL and give nearest town)	-6						
Rural Emmitsburg	50 yrs.	Rural	Emmitsburg,	10 Provence			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
R.D.# 1			R.D.# 1	YES NO X			
3. NAME OF First	Middle	Last	4. DATE Month	Day Year			
(Type or print) Melvin		Stouter	DEATH February 15.	1966			
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER				
Male White WIDOWED	DIVORCED	Sept.29, 1907	7 Jast birthday) Months	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired)	ID OF BUSINESS OR	11. BIRTHPLACE (Cou	inty & State, or foreign country) 12. C	ITIZEN OF WHAT			
Labor	JUSIKT	Frederick (S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDE					
Joseph Stouter		Martha Fe	ermison				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITYNO. 17.	INFORMANT	Address				
(Yes, no, or unkown) ((Ifyes give war or dates of service) Yes in 1930s 22	0-10-576h Mr	- Commis E	Charten Bundahan	- Wa nn 1			
		S. Carrie E.	Stouter, Emmitsbur				
1B. CAUSE OF DEATH [Enter only one cause per lin				ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DNARY OCC	LUSION		90MIN			
DUE TO				T. 1			
Conditions, if any, which) ARTE	RIO-SCLEROTI	C-CARDIO-V	ASCULAR DISEASE	5 YEARS			
gave rise to immediate DUE TO							
underlying the							
	CINC TO DEATH DUT NOTOE!	ATER TO THE TERMINAL DI	PERSON DITION CIVEN IN DADY 1/2)	119. WAS AUTOPSY			
TANTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS			SERSE CONDITION GIVEN IN PART 1(a)	PERFORMED?			
E LEFT HEMIPLEGIA - C		FROM DOSIS	1964	YES NO X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. p.m. 19 at work	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of Item 18	.)			
G (IF ETINER, NOTIFF MEDICAL EXAMINER)				(01-10)			
3 20c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 206, PL/	ACE OF INJURY (Home, far Dry, street, office bldg., etc	m, 20f. (City or town) (Col	inty) (State)			
B p.m. 19 at work	Not While	.,,,					
21. I certify that (I) (this hospital) attended		OVEHBER 19	64 to 15 FEB , 196	6. that (I) (we) last			
saw the deceased alive on 15 FEBRUX	> 19 66 and the						
Z2a, SIGNATURE	And the title	E BOULH OUDDITOO GIAGE.		ATE SIGNED			
to and to be accessed to the	(1)		IED. STAFF 2/1	6 166			
22C PHYSTCIXN'S	4. <i>D</i> . M.	D. PHYS. D	IRECTOR PHTS. ATT	0700			
NAME (Type) Dr. James H. Ha	mmett		eld, Pa.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	I 23d. LOCATION (City, town or co	unty) (State)			
REMOVAL (Specify)				, ,			
Burial Feb. 18,1966	Friends Creek	Cemetery	Emmitsburg, Frederi	S SIGNATURE			
(04)11:11		l con	0.007 4	27 Judge			
Marine Po Wilson	1) Emmitsburg	Md. DATEEB	18 1966 Juan	as Junge			



FOR STATE DELIVITY WILL CONTINE This cert cat share the executed within 24 flours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH D

	1415-214	PULL ALUE DE	TO A A DECK TANDON AND ADDRESS OF THE PARTY	D 1 100 F 7 100		
Division of STATI:	STICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREE	T, BALTIMORE	1, MARYLANI
92339	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	0229

ĸ.I		TO POST OF THE POS							
1	1,	PLACE OF DEATH 8. COUNTY			2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If insti		ldence before admission)	
J		Frederic		MARYLAND	Maryland Frederick				
		 CITY OR TOWN (if outside corpora write RURAL and give nearest to 	te limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, writ	te RURAL a	nd give neerest town)	
Į		Frederick	****	Lifetime	F	rederick		1. 1	
i		d. NAME OF HOSPITAL OR INSTITUTI	-	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
		16 Winchest	er St.		10	6 Winchester_St	· •	YES NO DE	
	3.	DECEACED	Irst	Middle	Lest	4. DATE Month		Day Year	
		(Type or print) Br	adley		trasberger	DEATH Feb		8- 19 66	
	5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years I	FUNDER 1	YEAR IF UNDER 24 HRS.	
		Male White	MIDOMED	DIVORCED	May 8- 1911	lest birthday)	nontha D		
	10a.	USUAL OCCUPATION (Give kind of world	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CIT	IZEN OF WHAT	
	uuri	ng most of working life, even if retire Platers Helper	Mfg	• CO•	Maryla	nd		U.S.A.	
		FATHER'S NAME			14. MOTHER'S MAID		1		
		Dudley Strasb	- April - Apri			retta Fleischma			
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED F , no, or unknown) (If yes give war or dates	of service)		INFORMANT 16 W	inchester Stddress	Frede	rick-Md.	
		No	- 21	7-10-9450 Mr	s. Mary Micl	hael Strasberge	r		
		18. CAUSE OF DEATH [Enter only or		ine for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH	
		PART I, DEATH WAS CAUSED 8'	/: . (a)	Coronar	y Occlusion			0110-01-71110-0-0117	
		4201 DUE	TO						
	П	Conditions, if any, which }	(b)	Arterio	sclerotic he	eart disease			
		gave rise to immediate (т0				1		
		underlying cause last.	(c)						
	NO	PART II. OTHER SIGNIFICANT CONDIT	ONSCONTRIBL	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN P	ART 1(6)	19. WAS AUTOPSY PERFORMED?	
	CAT							YES NO	
	MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.	20b. I	DESCRIBE HOW INJURY OCC	VRRED. (Enter nature of	f injury in Part I or Part II of	Item 18.)		
	C	20c. TIME OF INJURY Month, Day,	Vaar 20d	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	arm. 20f. (City or town)	(Coun	ty) (State)	
	DIC.	Hour a.m.	While	facti	ory, street, office bldg., e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2.00-)	
	ME	p.m. 19	at work	c at work					
		21. I certify that I took charg	e of the rem	iains described above, he	eld an Autopsy [],	Inspection E , Inqui		and in my opinion	
		death resulted from: Natura	l causes 🍱	, Accident , Su	ricide 💹, Homici		manner (
	Ш	RAL	0			L EXAMINER		22. DATE SIGNED	
	Ш	ACTUAL SIGNATURE	1000	rees		DICAL EXAMINER [n .		
		EXAMINER'S ARE (Type)	Iton	108, MD		t, city, town, or county)	reb.	18- 1966	
	23a	BURIAL CREMATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	wn or cour	ity) (State)	
1		BURIAL Feb.	21-1966	Mt. Olivet C	emetery	Frederick,	Md.	21701	
3		FUNERAL DIRECTOR TO LEVE	1 -7	ADDRESS TATES	Tnin 253. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S	SIGNATURE	
0	1	L.R.Etchison & Son-	FI	rederick, Md.	21701 TEB	23 1966 1976	melan	Judge	

VR ALSME (5) 1/65

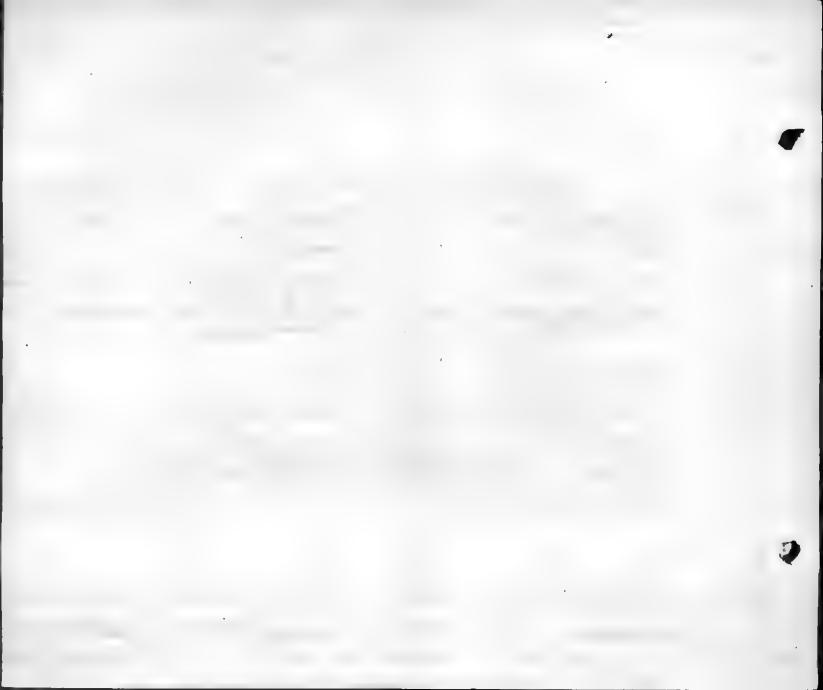


	32340 CE	RTIFICATE OF DEATH	U~230
<i>+</i>	write RURAL and give nearast town)	maryland GTH OF STAY IN 1b ears streat addrass) d STREET ADDRESS 400 Roc	side corporata limits, write RURAL and give nearest town)
	DECEASED		of February 3- 19 66
	SEX 6. COLOR OR RACE 7. MARRIED NET Female White WIDOWED X	/ER MARRIED B. DATE OF BIRTH DIVORCED February 11-18'	9. AGE (In years IF UNDER I YEAR IF UNDER 24 Hours A 97s.
do	Homemaker FATHER'S NAME Own	Home Frederick C	o. Md. U.S.A.
15. (Ya	John A. Schaeffer WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes given war or dalas of sarvice) NO	SECURITY NO. 17. INFORMANT	Address Frederick- Md. ullen-400 Rockwell Terrace-
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), statung tha undarlying causa last. DUE TO Conditions (b) DUE TO Conditions (c)	as	Utes culler
L CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDER YING 206. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY SCCURRED. (Enter nature of injury in Part	PERFORM YES NO
MEDICAL	Hour a.m. WhilaNot	Whila factory, streat, office bldg., atc.)	(State (City or town) (County)
	21. I certify that (I) (this hospital) attended the saw the deceased alive on		Afrom the causes and on the date stated at 22b. D
1	22c. PHYSICIAN'S NAME (Type) Dr. A. A. Pearre	ATTENDING MED. PHYS. T DIRECT 22d. ADDRESS 4 East Church	STAFF STAFF
	Burial Feb. 6-1966 Mt.	Olivet Cemetery	Frederick Md. 21701 Prederick State Frederick State Fredrick State Frederick State Fre
124	M.R. Etchison & Son Frede	rick, Md. 21701	I REGISTRAR 130. REGISTRAR 3 SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed tived, If institution, Residence before admission) a. COUNTY m. STATE **b.** COUNTY the funeral director. Page retained for your files. is necessary Frederick Montgomery Maryland MARVIAND Department death. b. CITY OR TOWN (if outside corporate limits. 6. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give neerest town) write RURAL and give nearest town) Silvef Spring, Emittsburg, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? after 11001 Inwood Avenue State YES NO Junction 15 & 806 3. NAME OF 4. DATE Middla Day Year DECEASED ş 12 ALDO VACCA Feb. 166 (Typa or print) 370 6. COLOR OR RACE 5. SEX B. DATE OF BIRTH 7. MARRIED W NEVER MARRIED AGE (In yours LIF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Male WIDOWED [1926 40 DIVORCED Jan Yrs. Page IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! in Item 18. Give Pages 1, Medicine Italv USA Medical Doctor pages 13. FATHER'S NAME form PM3. 14. MOTHER'S MAIDEN NAME VACCA Not Available • 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. = 17. INFORMANT Address (Yas, eq. or unkown) | [[fyase]vewergrdetesofservice] and with Office Odi Deceased, (same as certificate should be executed 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN or removal Office along burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Crushed Chest Fractured Skull in pencil IMMEDIATE CAUSE (e) Immed. **DUE TO** Conditions, if any, which **(b)** cremation, "pending" m gave rise to Immediate cause Examiner's DIJE TO Se (e), stating the underlying pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION <u>...</u> PERFORMED? pe execute the certificate, writing the word id be forwarded to the Chief Medical EXERAL DIRECTOR: Page 3 should be YES INO KI 夏 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of itam 18.) 200. EXTERNAL CAUSE WAS ٥ PRIMARY BY or CONTRIBUTING EXAMINER: CAUSE OF DEATH. prior Impact of trailer tractor truck & auto MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) agent, Whila Not While al work el work Emittsburg. Fred 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry [and in my opinion Accident Mr. death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 24. DEPUTY DEPUTY MEDICAL EXAMINER 1 Feb. 12. 196 ៦ NAME (Type) 4 should to FUN Address (Street, city, town, or county) 6356 22d. LOCATION (City, fown, or county (Steta) REMOVAL (Specify) FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VR A15ME



FOR STATE HEALIN DEP

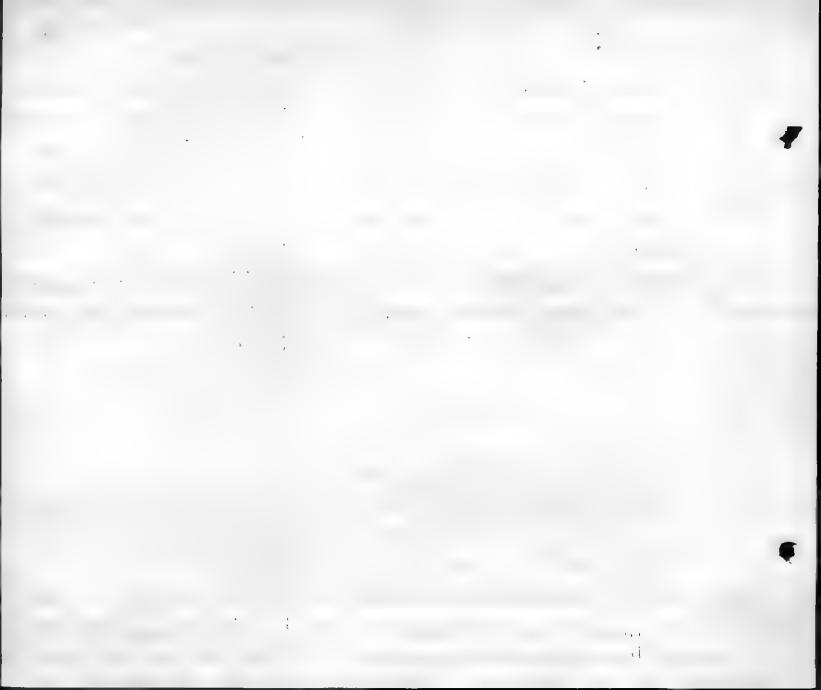
MADVIAND STATE DEDARTMENT OF HEALTH

	MAKITARD STATE DEPARTMENT OF HEALTH	
Division of ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N MEDICAL EXAMINER'S CERTIFICATE OF DEATH	AADVIAND
OCOLD	The state of the s	TOTAL ENGINE
11710 450	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02298
() 40 C 25 · · ·	THE PROPERTY OF THE PROPERTY OF PROPERTY	U Wasan Ch

HEVETH DEAL"	1.	PLACE OF DEAT	H				2. USUAL RESIDI	NCE Where	decessed lived, If	institution, Resid	ence before admission)
o			derick Co	2	MARYLA	AID	a. STATE	vland	b. COUN		omerv.
SSS T		b. CITY OR TOWN	fif outside corporate fil	mils,	. LENGTH OF STAY				orporate limits, write		
the coordinate of the coordina		Emitts	d give neerest town)							,	
direction of the state of the s	-			(if not in hos	pilel, give street eddress	1	d. STREET ADDRE	er Sp	ring		. IS RESIDENCE
16 0 D	_					7	•		***		ON A FARM?
y de la	<u>u</u>	unction NAME OF	of Rt. 1	2 % 8(J () Middle		_11001 I	nwood			YES NO
he he feta eta Se S	"	DECEASED	4 1)	31	WIDGIE		Link	OF		Da Da	y Year
4 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ļ	(Type or print)	BRUI	-	ALDO		VACCA_	DEA	reb.		19 56
Milh Milh	۵.	SEX	6. COLOR OR RAC	E 7. MARRIE	D 🔲 NEVER MARRIED 🖠	B. B.	DATE OF BIRTH		9. AGE (In years lest birthday)		
P E C		Male	White	WIDOWE				1957	8 yrs.	Months Days	Hours Min.
#いる	10: de	 USUAL OCCUPA one during most of w 	TION (Give kind of wo orking life, even if reti	rk 10b. Ki	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sta	sla or foreign	nountry)	12. CITIZEN	OF WHAT COUNTRY?
F. S. S. J.		Studen					Takoma :	Park.	Md.	USA	
Pag 13.	13.	PATHER'S NAME		·			14. MOTHER'S MAID			,	
PA PA		Aldo	Vacca				Paule	Mellia	2		
世の意思	15.	WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
¥ 4 € E	110	NO NO	lfyes give wer or dates of	sarvice)		TT -	mily Rec	anda	(6200 26	421	
will will will be a second	-000°'12		DEATE [Enter only or	e cause per li	ina for (a), (b), and (c).j	E. C	mility Rec	orus	(Same as		NTERVAL BETWEEN
Se exection in a solution in a			TH WAS CAUSED BY:			200	3310 DD30	TO 1 1 TO 1 TO 1	OTETT Y	C	DNSET AND DEATH
		2000	IMMEDIATE CAUSE (RUSHED CHE			TURED	SKULL		Immed.
In Police		f	DUE TO) F.1	racture of	t Bo	th Legs.				
5.200		Conditions, if en)							
ding ding er's as a		(e), stating the		0							
fica min red rem		cause last.) (
Exa e us	CERTIFICATION	PART II, OTHE	R SIGNIFICANT COND	oitions con	TRIBUTING TO DEATH B	TON TUE	RELATED TO THE TER!	MINAL DISEAS	E CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
his (3										YES NO IN
hed hed to the t	RTIF	20a. EXTERNAL C	AUSE WAS	20b. DESCR	BE HOW INJURY OCCU	JRRED. (nter nature of injury I	n Part I or Part	t II of item 18.)		
S S S		CAUSE OF DEATH		Impac	ct of trai	iler	tractor	truck	c & auto) .	
A Signal	MEDICAL	20c, TIME OF INJ	URY Month, Day, Y		NJURY OCCURRED 20	n, PLAC	OF INJURY (Homa, fay, street, office bldg., e	rm, 20f. (C	lify or lown)	(County)	(Stata)
XA He He ient	MED	9:30 p.m.	Feb 12 19	56 of work	Not While C	POLICE	r, silver, silice blog., t	, ,	ittsburg	Fred	. Co.Md.
A CONTRACTOR				of the rem	ains described abov	e, helc	an Autopsy ,				d in my opinion
MEDICAL street certification onvarded DIRECT designated		death resulted		auses 🗍		Suicid			Indetermined m	, <u> </u>	, opinion
Pard Signal Signal					- TA		CHIEF MEDICA	-			
중 등 등 등 등		ACTUAL	0307	Para	111				_		DATE SIGNED
F 28 6 5		SIGNATURE	2	200			_ M.D. ASSISTANT MI DEPUTY MEDIC		_	77 - 1-	
DEPUTY Pase exect should be FUNERA aith or it		EKAMINER'S NAME (Type)	13.10.1	the	mas, M	25				Feb.	12 1966
DEPU Base ex should Funit Punit Palifi o	22.	BURIAL, CREMATIO	ON, 22b. DATE THER	EOF	22c. NAME OF CEMETE	ERY OR C	Address (Street		or county) ATION (City, town,	or county) —	(State)
O DEP Please O Fun C Fun		PURCH Specify	1 Jeh 11	1961	Aug R.	1	Cimitorio	111	nea mas	MM P	Del. Mil
H H	23	. FUNERAL DIRECTO	ik .	1 0	ADDRESS I	CM		EC'D BY REGIS	STRAR I 24b. REGI	STRAR'S SIGNA	
VR AISME	X)	Maken 71	11/11/ 2/2	CARAR	11 ALA/W W	ank	10 EED	10 40		arley Ju	. A man
SM 1/63	T	~ VOUV ME	mens 1237	Course	100,000	UNEY .	OLIVOIT O	10 5	100	Lus Ja	
									_		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before edmission) . COUNTY a. STATE **b.** COUNTY director. Page ō Md Montgomer Federick Co. MARYLAND b. CITY OR TOWN (if putside carparete limits. . LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town) write RURAL and give nearest town) or your Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE funeral ON A FARM? 11001 Inwood Avenue Junction of Rt. 15 State YES NO 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) FRANCOISE VACCA DEATH Feb. 166 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR I IF UNDER 24 HRS. last birthday) Months Female White and 2 within WIDOWED [DIVORCED 1958 ig" in pencil in Item 18, Give Pages 1, 2, 9 Office along with form PM3. Page 5, as builal-transit permit. File pages 1 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Takoma Park. Md. USA eyent Student 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 permit. File pa Aldo Vacca xMexxxe Paule Nellie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) I (Ifves give war or deter of service) Family No records (same as 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN removal ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURED SKULL Immed. DUE TO ò Conditions, if any, which used as a bu "pending" gave rise to Immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's Provesal DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY CERTIFICATION **burial** PERFORMED? NO X 20s. EXTERMAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) prior to PRIMARY OF CONTRIBUTING Impact of trailer tractor truck & auto. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) (Slele) fectory, street, office bldg., etc.) agent, While Not While 19 66 at work at work Emittsburg Fred Co. Md/ 2). I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry and in my opinion designated death resulted from: Natural causes Accident 2 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2 1966 DEPUTY MEDICAL EXAMINER Feb ö EXAMINER'S NAME (Type) TO FL. Health Address (Street, city, fown, or county) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or gounty) (Stete) REMOVAL (Specify) FUNERAL/DIRECTOR II. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR AISME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacasted lived. If institution, Residence before admission) e. COUNTY 1, 2, and 3 to the funeral director. Page 9e 5 may be retained for your files, and 2 with the State Department of within 72 hours effer death. a. STATE b. COUNTY Frederick Md. Montgomerry MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Emittsburg, Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Junction of Rt. 15 & 11001 Inwood Avenue YES NO 3. NAME OF Middle DATE Year DECEASED OF (Type or print) PAHLE NELLIE VACCA DEATH Feb. 1.2 166 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months DIVORCED Female WIDOWED -July 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Housewife Homewmaker France USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be axecuted within 24 Francis Lavanchy Not Available 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) Office along with burial-transit permi Office Records (same as 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Fractured Skull with destruction of Immed skull cavity with complete loss of **DUE TO** Conditions, if any, which brain matter. caminer's Off used as a bui cremation, c "pemding" gave rise to Immediata cause **DUE TO** Numerous Fractures. the certificate, writing the word "pendin rwarded to the Chief Medical Examiner' DIRECTOR: Page 3 should be used as (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION be PERFORMED? NO N 200. EXTERMAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING Impact of trailer tractor truck & auto. prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20f. (City or town) (County) (Stata) fectory, street, office bldg., atc.) While Not While 2 19 66 et work et work Emittsburg. Fred DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and in my opinion MEDICAL. be forwarded death resulted from: Accident 3 Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER . ACTUAL lease execute t should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 55 DEPUTY MEDICAL EXAMINER Feb. 1966 ò NAME (Type) Address (Street, city, town, or county) please 4 should O FUN Health 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or equaty (State) REMOVAL (Specify) FUNERAL DIRECTOR VR AISME

5M 1/63

	MARYLAND	STATE	DEPAR	TMENT (OF HEALTI	Н
DIVISION OF STATISTICAL						

_	U2345 Ttom 12	CERTIFICATI	E OF DEATH	MII	04301
1.	PLACE OF DEATH e. COUNTY	23 1 M 3 7 7 2 1		Where deceased lived, If institution: R	Residence before admission)
	FREDERICK	MARYLAND	e. STATE	b. COUNTY F	REDERICK.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write RURAL	
_	FREDERICK		FREDERIG	K (RURAL)	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	ial, give street address)	d. STREET ADDRESS		B. IS RESIDENCE ON A FARM?
_	FREDCRICK, MEMORIAL		RJE 2 -		YES NO
3.	NAME OF FIRST DECEASED	Middle	Last 4.		Day Year
	(Type or print)	4 (VADDLE	DEATH FEBRUARY	16 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
_	M WIDOWED	DIVORCEO	AUG 28, 187	7 S yrs. Months	Days Hours Min.
10: du	LUSUAL OCCUPATION (Give kind of workdone 10b. KING Ing most of working life, even if retired) INOUS	OF BUSINESS OR	11. BIRTHPLACE (County		ITIZEN OF WHAT
	FA	RMER	Villami	a. I	15.
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Grane S Woold e		1 Bitte	Tules	
15 (Ye	. WAS OECEASED AVER IN U.S. ARMED FORCES? 16. SOC ss, no, for unkown) (If yes give war or dates of service)	IALSECURITY NO. 17.	INFORMANT	1/409 - Address	ASUIDA.
	June-	Ge	Dene- Utichelle		m C -
	18. CAUSE OF DEATH [Enter only one cause per line f	or (a), (b), and (c).]			I INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EMIA			ONSET AND DEATH
	A DUE TO				
	Conditions, If any, which) the	ONIC PYELL	ONEPHRITIS		54 GARS
	gave rise to immediate (cause (a), stating the OUE TO		STATIC HYE	37.25	(() ()
	underlying cause last. (c)				01087RS
TION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO OEATH BUT NOTRELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA	ATRIAL FIBRIU4 1701 -	LEGULCE	25		YES NO
CERTIFICAT	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of inju	iry in Part I or Part II of Item 18.)
CAL		Y OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While at work	Not While at work	ry, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) attended to	he deceased from	964 19	to deb- 1/2 196	6, that (I) (we) last
	saw the deceased alive on 2016		death occurred at 1705	M, from the causes and on the	
1	22a. SIGNATURE	0.0	ATTENANA ME	22b. 0	ATE SIGNEO
	- amadons,	(NY) M.D.		CTOR PHYS. 2	16/66
	22c. PHYSICIAN'S NAME (Type) GE MEADORS	a mo	810 Toe	e House and, I	vderisk
238	BURIAL, CREMATION, 23b. GATE THEREOF 23	c. NAME OF CEMETERY	OR CREMATORY 2	23d. LOCATION (City, town or cou	inty) (State)
	Burla1 2/19/66	Monocacy		Bealloville	e. Ad.
24	FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR 25b. REGISTRAR	
	William C. Heltin 1	Barnesvelle	- Well DATEB 2	3 1955 Miliante	o Judge

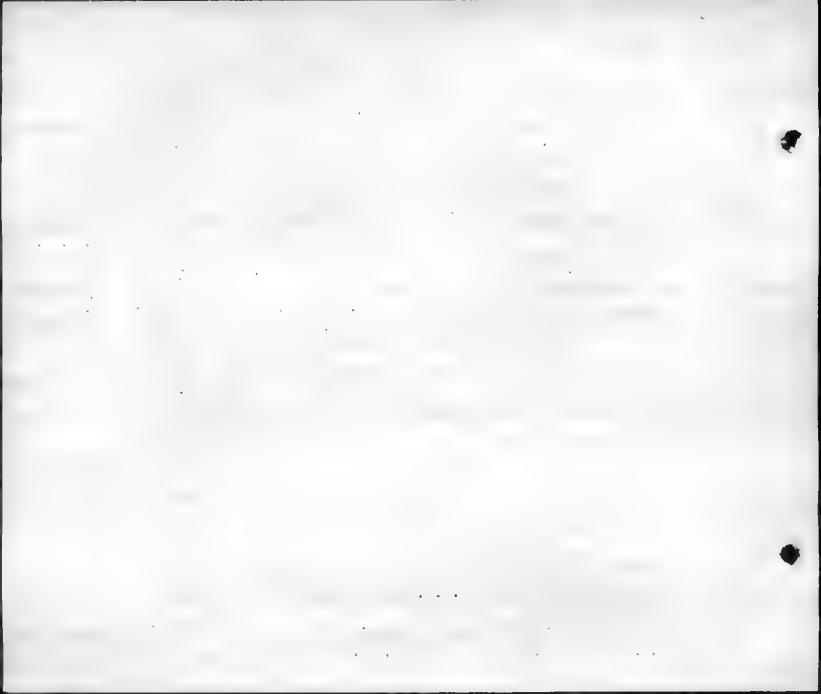
BALTIMORE 1, MARYLAND

VR A15 (4) 20M 1/65

P and

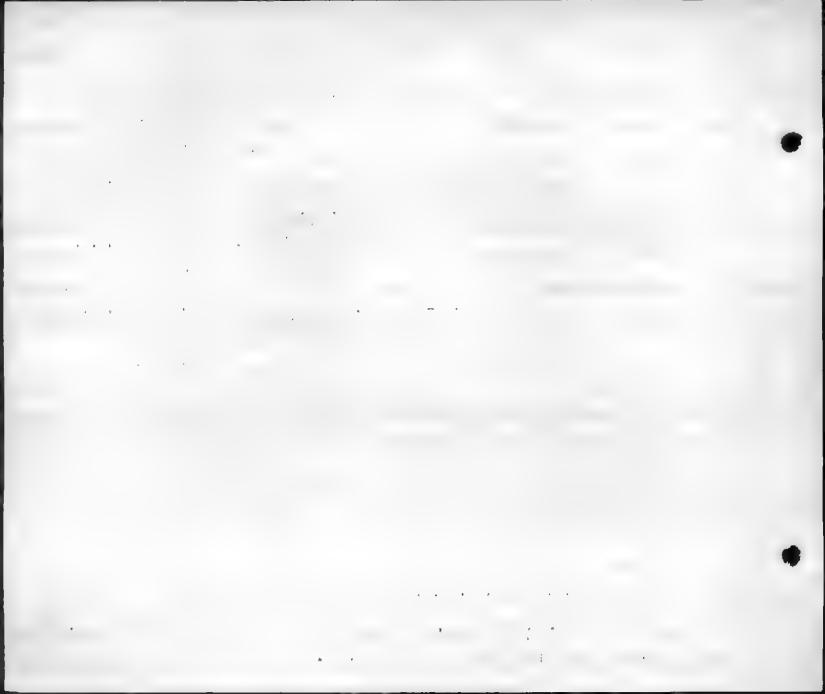


Items 18-21 Film G374MAF7LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution: Residence before edimission director, Page or your files. e. COUNTY b. COUNTY Frederick Frederick Mary land MARYLAND b. CITY OR TOWN (if outside corporete limits, & LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Braddock Heights or your several yrs. Rural- Braddock Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Jefferson Blvd. Jefferson Blvd. YES NO TE 3. NAME OF 4. DATE Middle Yeer DECEASED Myrtle [Type or print] Mav Watkins DEATH February 15-19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR | Months | Days IF UNDER 24 HRS. Months Female White August 23- 1888 WIDOWED DIVORCED T 10s. USUAL OCCUPATION IGive kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ould we executed within 24 hours aff 'in pencil in them 18. Give Pages 1, 7 Office along with form PM3. Page burial-transit permit, File pages 1 and done during most of working life, even if retired) Homemaker Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Z. Stull in any Ida A. Lenhart 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Braddock Hgts 214-46-5517 Mrs. Basil S. Coffman-Jefferson Blvd.-18. CAUSE OF DEATH [Enter only one capte per line for (a), (b), and (c), or removal, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO cremation geve rise to Immediate cause 40 "pending" DUE TO iesse execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner" PUNERAL DIRECTOR: Page 3 should be used as (a), stating the underlying Asphyxia by drowning couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION **burial**, PERFORMED? NO [7 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING prior CAUSE OF DEATH. She got in bath tub of water after removing dress & shoes MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, ; 20f. (City or fown) Month, Day, Yeer (County) factory, street, office bldg., etc.) designated agent, While Not While el work et work Home Braddock Hets. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I. Inquiry and in my opinion death resulted from: Natural causes Accident Suicidey Y Homicide Undetermined manners CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO 8 EXAMINER'S B.O. Thomas, Sr.M.D. NAME (Type) Address (Street, city, lown, or county) Please 4 shoul 10 PUN 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) Entombment Frederick Mem. Park Frederick- Maryland 21701 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME M.R. Etchison & Son---Frederick, Md. 21701 5M 1/63





1, 1		05930	_	EDICA	L EXAMINE			F DEATH		02304
	. I	LACE OF DEATH	¥ .				L RESIDENCE (When			ence before edmission
			rederick		MARYLAN	JD . STA	" Maryland	b. coul	Frede	rrick
	Ŀ	CITY OR TOWN (if outside corporete li-	mits,	e. LENGTH OF STAY IN	11b c. CITY	OR TOWN (If outside	corporate limits, writ	e RURAL end giv	e nearest fown)
L		Rural	Emmitsbu	eg.		1	Rural	Emmitsbur	ø.	1 .
Γ	d	NAME OF HOSPI	TAL OR INSTITUTION	lit not in ho	spilel, give street eddress)		EET ADDRESS		6,	o. IS RESIDENCE
							R.D.#	1		YES NO
- Company	ı. į	IAME OF DECEASED	Fir	इंग	Middle	La		TE Mont	h Di	Your Your
		Type or print)	Esthe	er	Gertrude	Wetzel	DEJ	Tebrua:	ry 24.	19 66
	5. :	EX	6. COLOR OR RAC	E 7. MARRI	ED X NEVER MARRIED		URTH	19 AGE IIn years	LIE UNDER 1 YEA	R IF UNDER 24 HRS.
	F	emale	White	WIDOW		Dec. 25	1908	lest birthday) 57 yrs.	Months Days	Hours Min.
1	Ou.	USUAL OCCUPAT	ION (Give kind of we	rk ± 10b. J	CIND OF BUSINESS OR IND		PLACE (State or foreign		1	OF WHAT COUNTRY
ľ	don	Housewi	rking life, even if reti	red)		Fred	derick Co.	Marvl and	U.S.	Α.
1	3.	PATHER'S NAME					ER'S MAIDEN NAME	J TOUR	1 0101	
			Charles	Hess		Nell	lie Wills			
1	5.	WAS DECEASED EV	ER IN U.S. ARMED FO	RCES7 16.	SOCIAL SECURITY NO.			Addres	•	
(Yes	no, or unkown) (I	fyes give we rordetes o		20-01-6170	D Edward	rd Wetzel,	Thomas 4 mbases	~ Ma r	n # 4
=	1		EATH (Enter only or		line for (e), (b), end (c).	T. ECIWAL	a we ozer.	ENDIT OROUT		NTERVAL BETWEEN
1	Н	PART L DEAT	H WAS CAUSED BY		Active Alch	blism	NO MANNE	æ,		DNSET AND DEATH
	П	1	IMMEDIATE CAUSE	7-7	14 (11/11/11/11	7/1/10/11	77977777	3		
	1	100,0			and the same	~~~ C	San Marine	1 to		
	1	Conditions, if any gave rise to immedi	ate cause	p)	777777777	1104/11	471197777	14771		
	1	(e), stating the u	nderlying DUE T	o Ex	posure on g	round al	out 20 ho	urs		
7	, .	DARTH OTHER	SIGNIFICANT CON	OITHONS COL	NTRIBUTING TO DEATH OF	T NOT BELATED T	O THE TERMINAL DISE	ISE CONDITION OF	VEN IN BART 1/al	19. WAS AUTOPSY
CE	2 []	lad be n	drinking	alcon	NTRIBUTING TO DEATH SU	eside re	oad during	a snowst	corm	PERFORMED?
2 -113	[When fou	and, body		overed with		of lawer to best to- h-	d II of item 10)		YES NO 1
Certery A TON	CK	PRIMARY TO OF CO		AOD. DESC	NDE NOW HOOK! OCCU	were feutes Heinle	or injury in rail (or re	in at Ot from 10%		
	- 1	20c. TIME OF INJU	RY Month, Day, 1	eer 1 204	INJURY OCCURRED 20a	, PLACE OF INJUR	V (Home form 1 204	(City or lown)	(County)	(State)
いというになる		Hour e.m.		Whil	Not While	fectory, street, of	fice bldg., etc.)			
- 44	٤ [p.m.	2/24/6619	et wo		ivate r		mitsburg	Fred.	Md.
	1			_	nains described above	2100				d in my opinion
		death resulted f	from: Natural	causes	. Accident 🔏,	Suicide	Homicide	Undetermined n	nanner 🔀	
			0 ~	70			IEF MEDICAL EXAMINES			
		SIGNATURE	1000	The	mad	M.D.	SISTANT MEDICAL EXA	-		DATE SIGNED
		EXAMINER'S	TO 0 1771		- 7.5 T	DEF	UTY MEDICAL EXAMIN	ER X	1	1-25-66
	l	NAME OF BRIDE AND ADDRESS OF THE PARTY OF TH	B.U.Tho		r. M.D.		dress (Street, city, town			NO 54
		NAME (Type)				CT OR CREMATOR	A 1 227 10	CATION (City, town	n, or county!	(Slate)
2	2a.	BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THE						· ·	
		BURIAL, CREMATIC REMOVAL (Specify Burnial	Feb. 28		Mt. View C		Emmi t	sburg, Fr	ed eric k	
		BURIAL, CREMATIC REMOVAL (Specify	Feb. 28		Mt. View C		Emmi t		ed eric k	



by the and 2 death. 24 .⊆ Pages 朝 filled hours completely papers. within carbon pue гетоу any please 2 attending pue Then permit. þ 6 cremation, burial-transit aftending PHYSICIAN this certificate hospital 18 P use prior Ş Health detached After ATTENDING be retained ö DIRECTOR: 99 plnous State may <u>ლ</u> FUNERAL HOSPITAL page with t Page filed v る音品

CERTIFICATION

22c. PHYSICIAN'S

NAME (Type)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY Frederick Warvland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) IS RESIDENCE d. STREET ADDRESS ON A FARM? 201 West 5th. St. 201 West 5th. YES NO T 3. NAME OF 4. DATE Middle Dev DECEASED OF (Type or print) DEATH Ethel Wiles Feb. 20-66 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. fest birthday) Months Hours Female WIDOWED DIVORCED IL 18-1898 December 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working fife, even if retired) Cook Restaurant U.S.A. Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T.W.Wiles Avv Rebecca Castle 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Md. (Yes, no. or unkown) | (If yes give we ror dates of service) 220-26-0131 Mrs. Clyde Hauver- N. Bentz St.- Frederick-18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) shyseme with chronic Conditions, if any, which geve rise to immediate ceuse DUE TO (a), steting the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stefe) factory, street, office bldg., etc.) While Hour a.m. Not While at work el work 2-20, 19.50 that (1) (we) last

196.4

saw the deceased alive on 2 -12 - 1966, and that death occurred a 30MA from the causes and on the date stated above 22a. SIGNATURE M.D.

Dr. Rex R. Martin

ATTENDING PHYS. 22d. ADDRESS

DIRECTOR

PHYS,

22b. DATE Feb. 21-1966

23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

220 N. Market St.- Frederick, Md. 21701 23d. LOCATION (City, town or county)

Mt. Olivet 24 FUNERAL DIRECTOR'S SIGNATURE T Frederick.

Frederick. Md. 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1966 DATE

VR AIS (4) 20M 5-63

avie and the class The state of the s TO COULD SE MONT W-1- 9275 0245 alt to a mean and a second and a figure facility the little was the state of the Edward wife have and their wife and 45 10 2 10 -11-2 COMPANY AND THE PARK OF THE PA Alica in platebra - mineral it un diffe . Laber. ACCES TO A CONTROL OF THE PROPERTY OF THE PROP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please anyone carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, demailion, or removal, ending any event, within 72 hours after death.

		STATISTICAL R		CH AND RECO	RDS,	ARTMENT O 301 W. PRESTO	N STREET		E 1, MARY		200	
	02350			CERTIFIC	AIE	OF DEATE	1			UR	306	
1. PLACE OF DEATH •. COUNTY						2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)						
Frederick MARYLAND					Maryland b. county Frederick							
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Frederick years					Frederick /0 - /							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS				. IS RESIDENCE		
Frederick County Home						Highland St.					- Transfer	
3. NAME OF First Middle DECEASED				Last 4. DATE Month OF				y Yes	br .			
	(Type or print)	Theodor	ce	W.	Wo	lfe- Sr.	DEA:	rH Febr	uary 2	1- 19	66	
5.	SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8 1	DATE OF BIRTH		9. AGE (in years			R 24 HRS.	
	Ma1e	40	WIDOWED			ct. 14- 188		84 yrs.	Months Days	Hours	Min.	
10i	one during most of wor	ON (Give kind of work king life, even if retired)	10b. KII	ND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Co	unty & State,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?	
	Laborer					Frederick Co. Md. U.S.A.						
13	FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	Henry W. Wolfe				Sarah Elizabeth							
15.		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO	3 17 T	NFORMANT		Address				
(¥)	NO (If	yes give war or dales of ser	vice) 220	0-10-5754		odore W. Wo	lfe-Jr		urg-Md.			
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					INTERVAL BETWEEN					TWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prebral Th				Th	umbosis				5 WEERS		
	Conditions, if any, which \ (b) Orebyl A					storio - Schroses				10W162		
	gave rise to Immediate cause									· for or.		
	(a), stating the underlying DUE TO								0			
Z	PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1881 19, WAS AUTOPS										
CATIC										YES	NO X	
CERTIFICATION	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 While 19 Not While 19 N											
	21. I certify that (I) (this hospital) atlended the deceased from OCT 2, 1960, to file to file in the causes and on the date stated above.											
	22a. SIGNATURE											
	ATTENDING MED. STAFF PHYS. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR PHYS. ATTENDING DIRECTOR									22-196	SIGNED	
	22c. PHYSICIAN'S NAME (Type)	Dr. B.O.Th	nomas-	Gr.		Professio	nal Bl	dg Fred	erick-M	d. 217	701	
23	BURIAL, CREMATIC	ON, 236. DATE THERE	OF	23c. NAME OF CE	METERY C	OR CREMATORY	23d. LC	CATION (City, low	n or county)	12	Stete)	
	BURYIA Especify)					n Cemetery		ysville,		,		

Frederick, Md. 21701

GISTRAR'S SIG

FEB 28 1966

VR AIS (4) 20M S-63

24

FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison &

Son-

